

STANDARD FORM 64  
Revised 1965  
GPO: 1965 O - 350-000  
U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D.C. 20540

**SECRET**

# Official Personnel Folder

**SECRET**

(S)

1001.12

SECRET

Form 1200 (Part 1)

1. PASS. SERIAL NO. 055105		BIOGRAPHIC PROFILE (PART 1) SCD: 2 Sep 1946			
					2. LONGEVITY EMP. DATE 3 Mar 1949
3. MARITAL STATUS Married	4. DEPENDENT (Include own spouse)	5. YEAR OF BIRTH 3 1927	6. US NATURALIZATION DATE 1955 1955	7. NA	8. NA
9. CANCELED STATE STATE	10. MEMBERSHIP 5-1 1954	11. OTHER STATUS 1 Jan 1975	12. LAST REG. NO. 1 Jan 1975	13. DUAL. FOR FROM TEX	14. STATE FOR TX
15. CURRENT RESERV. STATUS	16. X	17. GRADE	18. DEFENSE DUTY WITH CIA EXT. 1	19. RELEASE TO MIL. SER. EXT. 2	20. TO BE DEFERRED EXT. 3
21. ASSESSMENT DATE Jul 1947	22. PROFESSIONAL TEST DATE None		23. LANGUAGE APTITUDE TEST DATE None		
24. DATE REVIEWED 20 Jan 1976		25. PROFILE REVIEWED BY hms' csl		26. PROFILE TO BE REVIEWED BY 31 Aug 1959	

FORM 1200 (PART 1) USE PREVIOUS EDITIONS.

SECRET

PROFILE

141

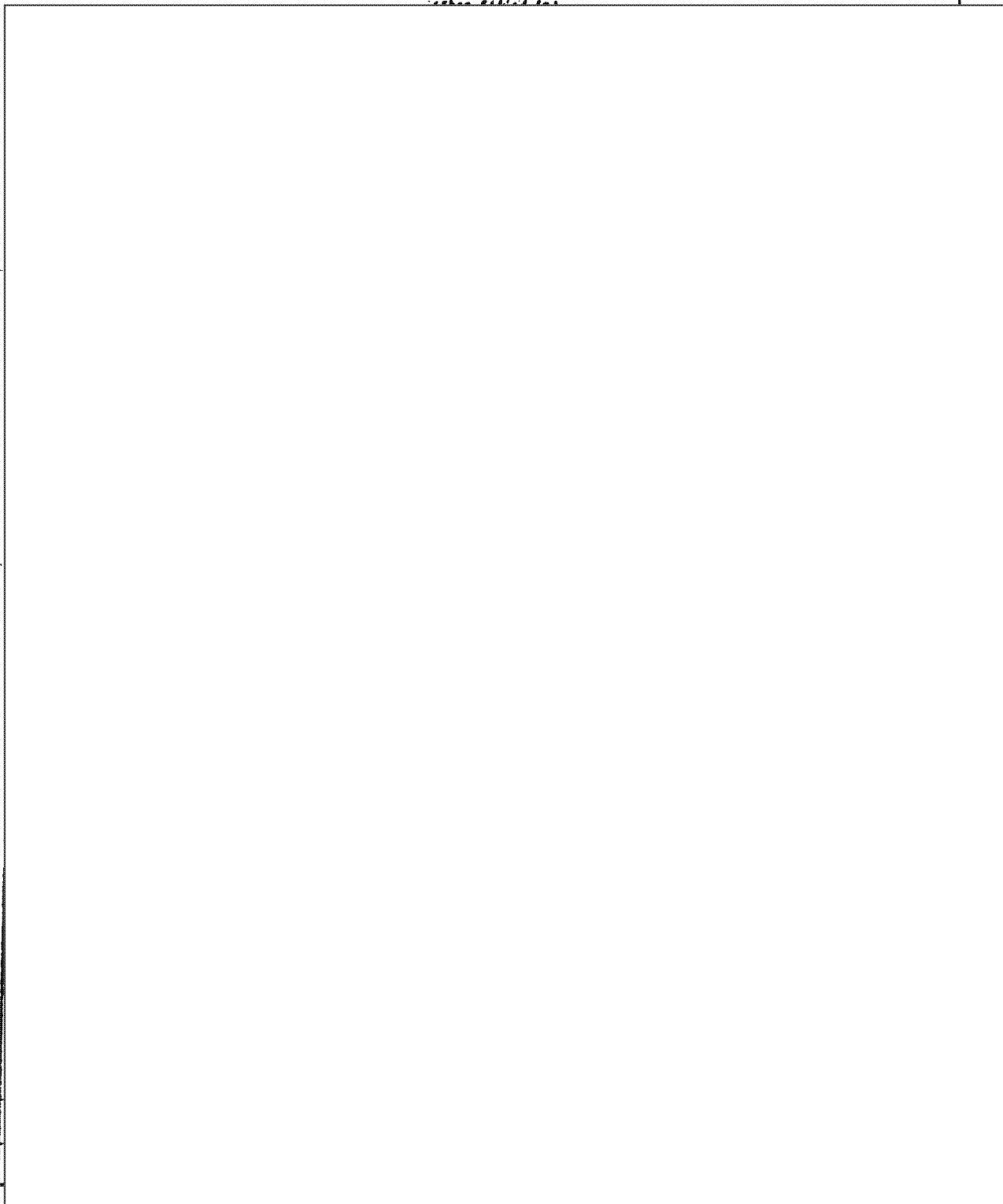
**SECRET**  
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)				DATE OF BIRTH
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">           05515         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">           191-2126 of 05515         </div>						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)						

EMPLOYMENT DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SS	ORGANIZATION & AGENCY, TITLE (if any)		LOCATION

DATE REVIEWED	PROFILE REVIEWED BY
20 SEP 1976	DMM/al

SECRET



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				19 March 1973	734
X TO: (Check)	X	CHIEF, CONTROL DIVISION, OP	SS NUMBER	268-28-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 12 Mar 73				DISCONTINUED	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>					
X	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
	<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>			SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
	<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDV _____ OTHER (Specify)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
X	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I _____ CATEGORY II _____	
X				RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
X				SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
X	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)			DO NOT WRITE IN THIS BLOCK	
X	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)				
X	EAA: CATEGORY I _____ CATEGORY II _____				
X	SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD				

155 USE PREVIOUS EDITION

SECRET

E-3, IMPDET CL. BY: C07022

113-20-431

SECRET

SECRET

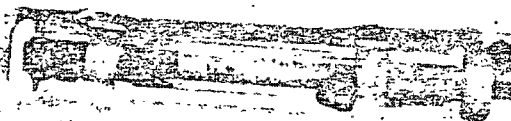
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e



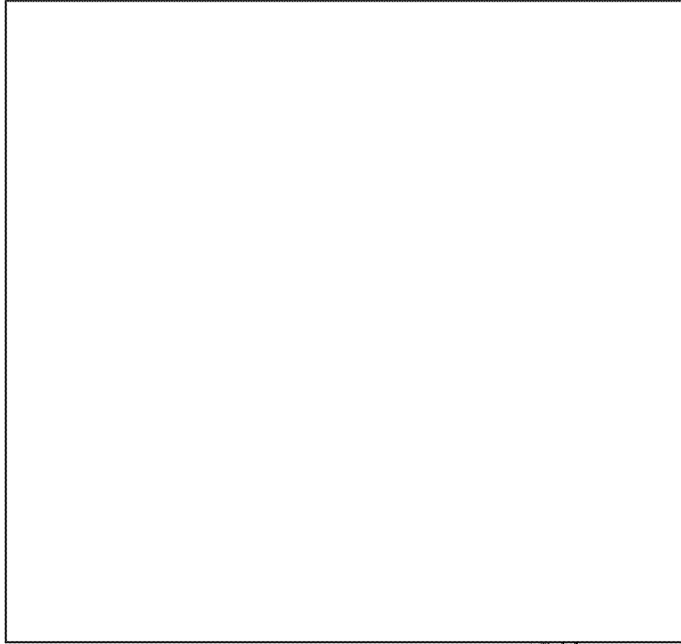
144

Pre 1963 Requests  
for Personnel Action

Left

Post 1966 Requests for  
Notification  
of Personnel Action  
and other memos





## SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		12 March 1973	734
X TO: (CROSS)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER	263-23-4199
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495
	X CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF: Form 1322 dated 12 Mar 73			<input type="checkbox"/> DISCONTINUED

1966 COS Seta

(Continued)

19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)

[illegible]

10. LATE REVIEWS

30 Jan 1971

21. PROFILE REVIEWED BY: 2

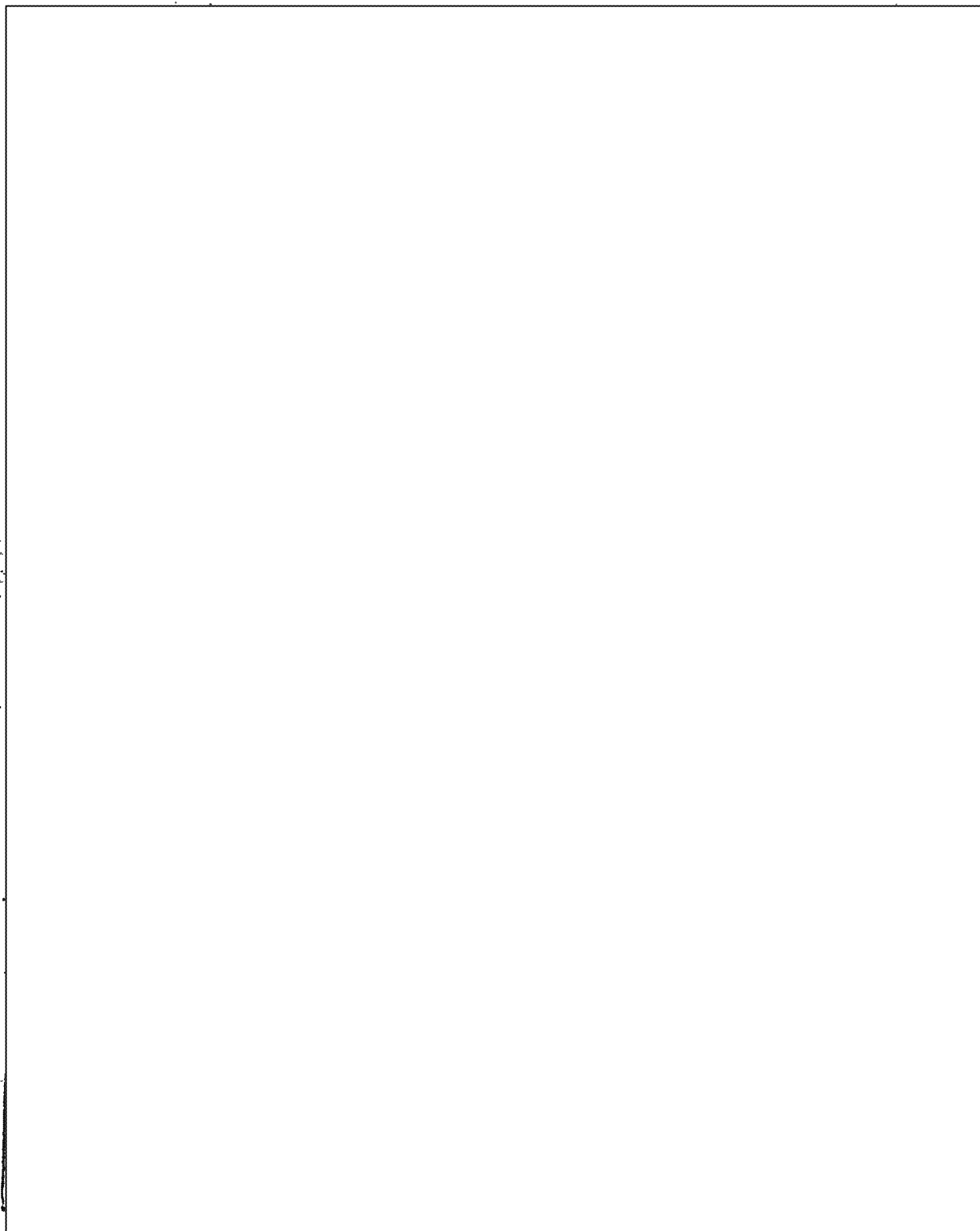
कृष्णः ॥

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

VERIFIED BY EMPLOYEE:

31 Aug 1959





Date: 1/21/71

MEMORANDUM FOR:                     , ROB

SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

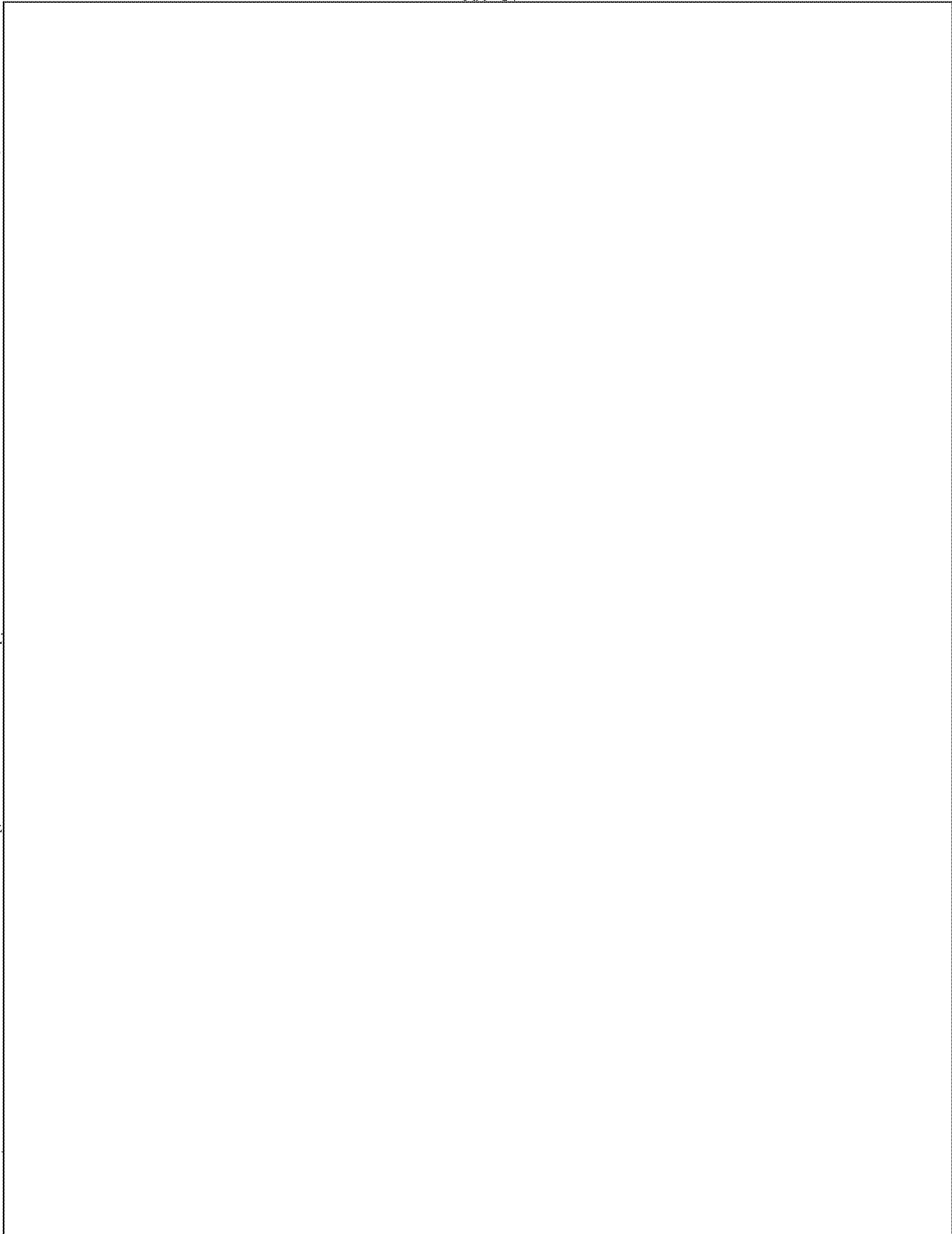
CONFIDENTIAL (when filled in)

		18 OCT 78	734
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	IS NUMBER 268-28-0199
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG	ID CARD NUMBER
REF.			ESTABLISHED

EOD

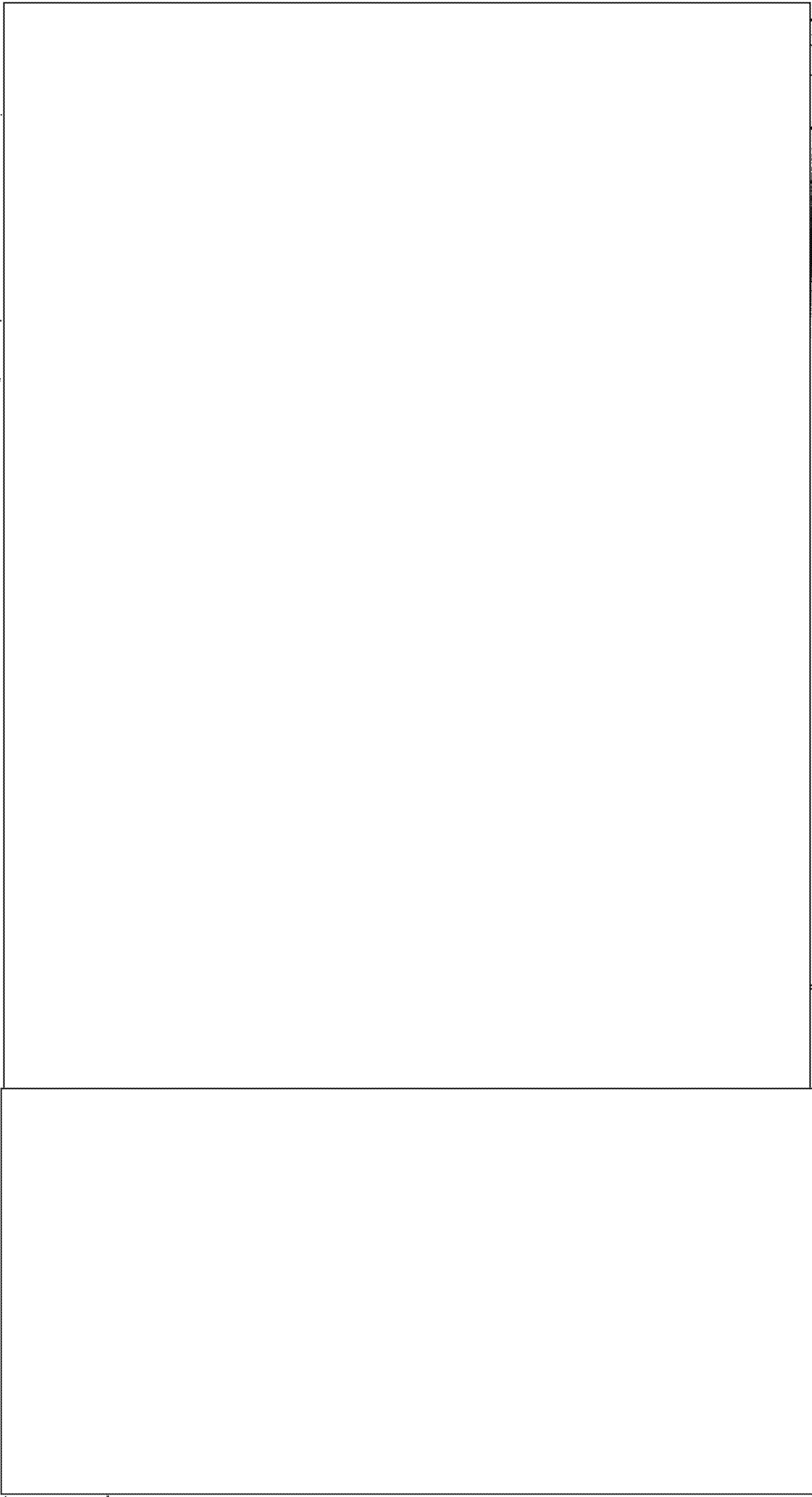
*Not in file at time of review  
by HSCA staff*

SECRET

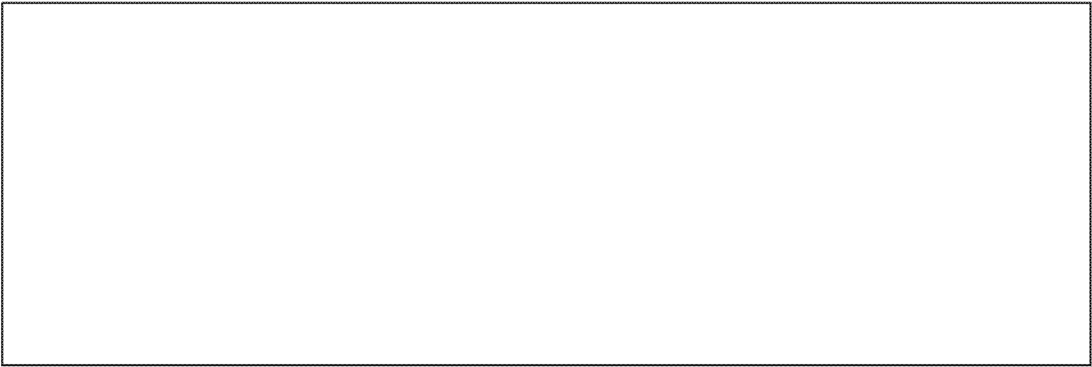
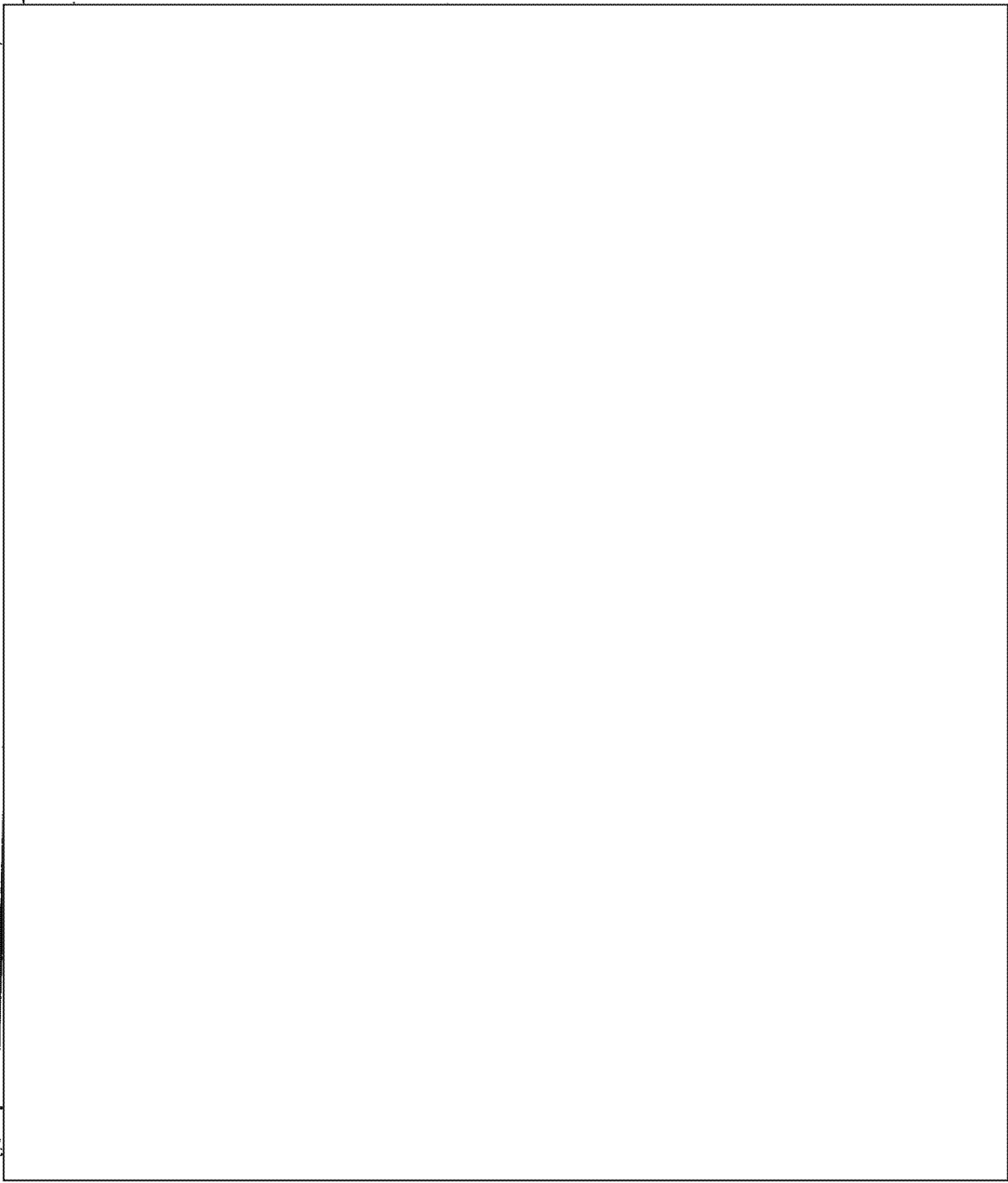




Post 1966 Notifications  
of Personnel Action



SECRET  
TOP SECRET

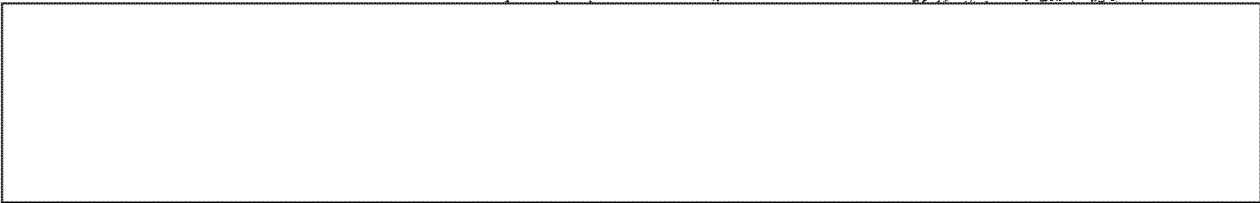




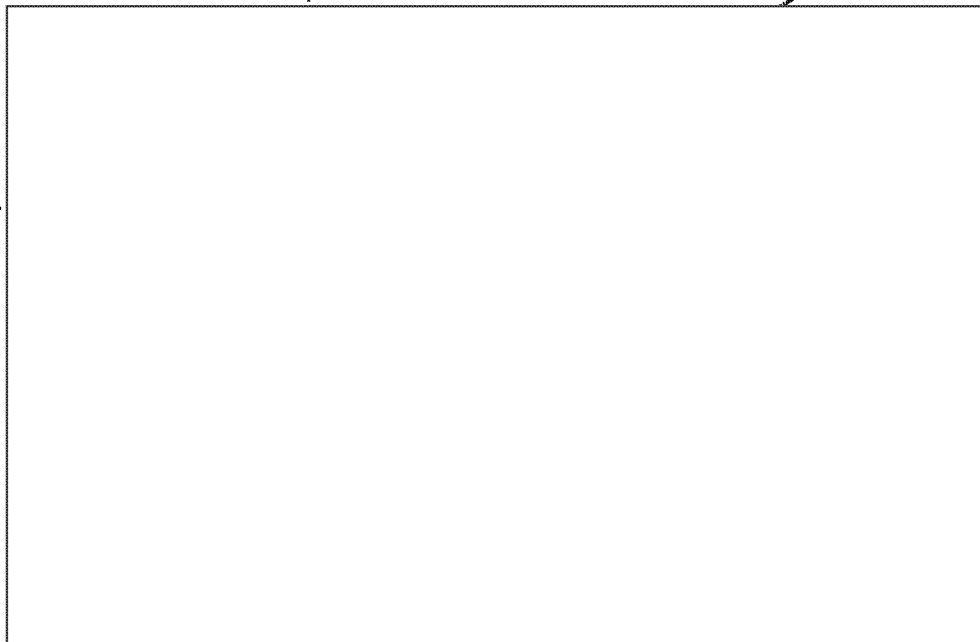
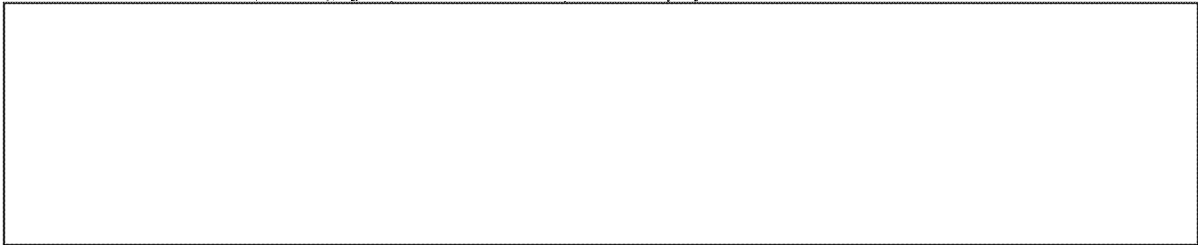
14



14-00000  
IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 9 JANUARY 1964.



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND  
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 14 OCTOBER 1962



**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW:**

[illegible]

**SECRET**  
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER: <b>055495</b>									
2. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>					3. CATEGORY OF EMPLOYMENT <b>REGULAR</b>				
4. FUNDS <b>FSR</b>					5. COST CENTER NO. CHARGEABLE <b>04 30 63</b>		6. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>		
7. ORGANIZATIONAL DESIGNATION <b>DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION</b>					8. LOCATION OF OFFICIAL STATION <b>MEXICO CITY, MEXICO</b>				
9. POSITION NUMBER <b>0340</b>					10. SERVICE DESIGNATION <b>D</b>				
11. GRADE AND STEP <b>GS 0136.01</b>					12. SALARY OR RATE <b>11880 13270</b>				
13. REMARKS <b>MEXICO CITY, MEXICO</b>									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
14. ACTION CODE <b>37</b>	15. EMPLOY CODE <b>10</b>	16. GRADE CODE <b>64700 WH</b>	17. STATION CODE <b>45075</b>	18. CATEGORY CODE <b>1</b>	19. GRADE <b>3</b>	20. DATE OF BIRTH <b>06 19 25</b>	21. DATE OF GRADE <b></b>	22. DATE OF LST <b></b>	23. DATE OF LST <b></b>
24. DATE EXPIRES <b></b>	25. SPECIAL REFERENCE <b></b>	26. ASSIGNMENT DATA <b></b>	27. SEPARATION DATA CODE <b></b>	28. CORRECTION/CANCELLATION DATA <b></b>	29. SECURITY <b></b>	30. SEX <b></b>	31. EOD DATA		
32. VET PREFERENCE <b></b>	33. SERV COMP DATE <b></b>	34. LEAVE COMP DATE <b></b>	35. CAREER CATEGORY <b></b>	36. FEELI / HEALTH INSURANCE <b></b>	37. SOCIAL SECURITY NO. <b></b>				
38. PREVIOUS GOVERNMENT SERVICE DATA <b></b>			39. LEAVE LST CODE <b></b>	40. FEDERAL TAX DATA <b></b>	41. STATE TAX DATA <b></b>				
SIGNATURE OR OTHER AUTHENTICATION									

**POSTED**

**SECRET**

Doc. 100-100000  
When Filled In

RZR: 29 MAR 63

SECRET  
(When Filled In)

DDF NOTIFICATION OF PERSONNEL ACTION																																			
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO																													
11. POSITION TITLE CONSULAR OF, CONSUL WC OPS OFFICER				12. POSITION NUMBER 0418		13. SERVICE DESIGNATION D																													
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) FSR GS				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 04 0 14 2		17. SALARY OR RATE 11880 13270																											
<table border="1"> <thead> <tr> <th>CODE</th> <th>CODE</th> <th>NUMERIC</th> <th>ALPHABETIC</th> <th>CODE</th> <th>CODE</th> <th>CODE</th> <th>DATE</th> <th>DATE</th> <th>DATE</th> <th>DATE</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>55</td> <td>10</td> <td>64700</td> <td>WH</td> <td>45075</td> <td>I</td> <td>3</td> <td>06</td> <td>18</td> <td>25</td> <td></td> <td></td> </tr> </tbody> </table>												CODE	CODE	NUMERIC	ALPHABETIC	CODE	CODE	CODE	DATE	DATE	DATE	DATE	DATE	55	10	64700	WH	45075	I	3	06	18	25		
CODE	CODE	NUMERIC	ALPHABETIC	CODE	CODE	CODE	DATE	DATE	DATE	DATE	DATE																								
55	10	64700	WH	45075	I	3	06	18	25																										
18. RET. EXPIRES		19. SPECIAL REFERENCE		20. RETIREMENT DATA		21. SEPARATION DATA CODE		22. CORRECTION/CANCELLATION DATA		23. SECURITY REG. NO.																									
NO. DA. YR.				1 - CAC 2 - FICA 3 - NONS		CODE		TYPE NO. DA. YR.		34. SEE																									
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.																									
CODE		NO. DA. YR.		NO. DA. YR.		CAR. SERV. PROV. TEMP.		CODE CODE		HEALTH INS. CODE																									
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA																									
CODE				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS				FORM EXECUTED CODE NO. TAX EXEMPTIONS																									
1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YR.) 3 - BREAK IN SERVICE (MORE THAN 1 YR.)				1 - YES 2 - NO		1 - YES 2 - NO				1 - YES 2 - NO																									
SIGNATURE OR OTHER AUTHENTICATION																																			
<div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  4/1/63 JK </div> </div>																																			

FORM 11-62 1150

Use Previous Edition

29 MAR 1963

SECRET

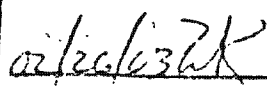
GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)



BAB: 15 FEB 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OCF											
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						NO. DA. YR. 02   17   63		REGULAR			
A. FUNDS		V TO V		X		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V				CF TO CF		3135 5700 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0418		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		14 2		13270			
18. REMARKS											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LBL
20	10	NUMERIC 64700	ALPHABETIC WH	45075		3	NO. DA. YR. 06   18   25		NO. DA. YR.		NO. DA. YR.
28. RTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.	
NO. DA. YR.		80		1 - CSC 2 - FICA 3 - NONE				EOD DATA			
35. VET. PREFERENCE		36. SERV COM. DATE		37. LONG COM. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO. DA. YR.		NO. DA. YR.		CAR. DESG. CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						PROJ. TEMP.		0 - WAIVED 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE				FORM EXECUTED	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)						NO. TAX EXEMPTIONS				NO. TAX EXEMPT.	
						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>   </div>											

FORM 1150  
4-62Use Previous  
Edition

21 FEB 63

SECRET

USE  
100-100-100-100  
100-100-100-100  
100-100-100-100

14-011

(When Filled In)

LLG: 4 JAN. 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OCF											
A. FUNDS		X		V TO V		V TO V		7. COST CENTER NO. CHARGABLE		8. CAC OR OTHER LEGAL AUTHORITY	
		OF TO V		OF TO V		OF TO V		3232 1000 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATION								10. LOCATION OF OFFICIAL STATION			
								WASH., D.C.			
11. POSITION TITLE								12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
OPS OFFICER								0678		0	
14. CLASSIFICATION SCHEDULE (GS, LA, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		14 2		13270			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	61300 TFW		75013		1	06 18 25				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.	
								EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEELS/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  1/15/63 UK </div>											

FORM 1150  
6-62Use Previous  
Edition

4 JAN 1963

SECRET

 1-6-62  
 (When Filled In)

(When Filled In)

Pte 1963 Notification  
of Personnel Action

Post 1966  
Futners Rpt

**SECRET**  
(When Filled In)

**FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

055495

[Empty box for report content]

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties must be described, if any. If any, they must be described, if any.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT

DATE

3 June 65

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

DATE

3 June 65

3.

COMMENTS OF REVIEWING OFFICIAL

--

DATE

3 June 65

OFFICIAL TITLE OF REVIEWING OFFICIAL

SOS

TYPED OR PRINTED NAME AND SIGNATURE

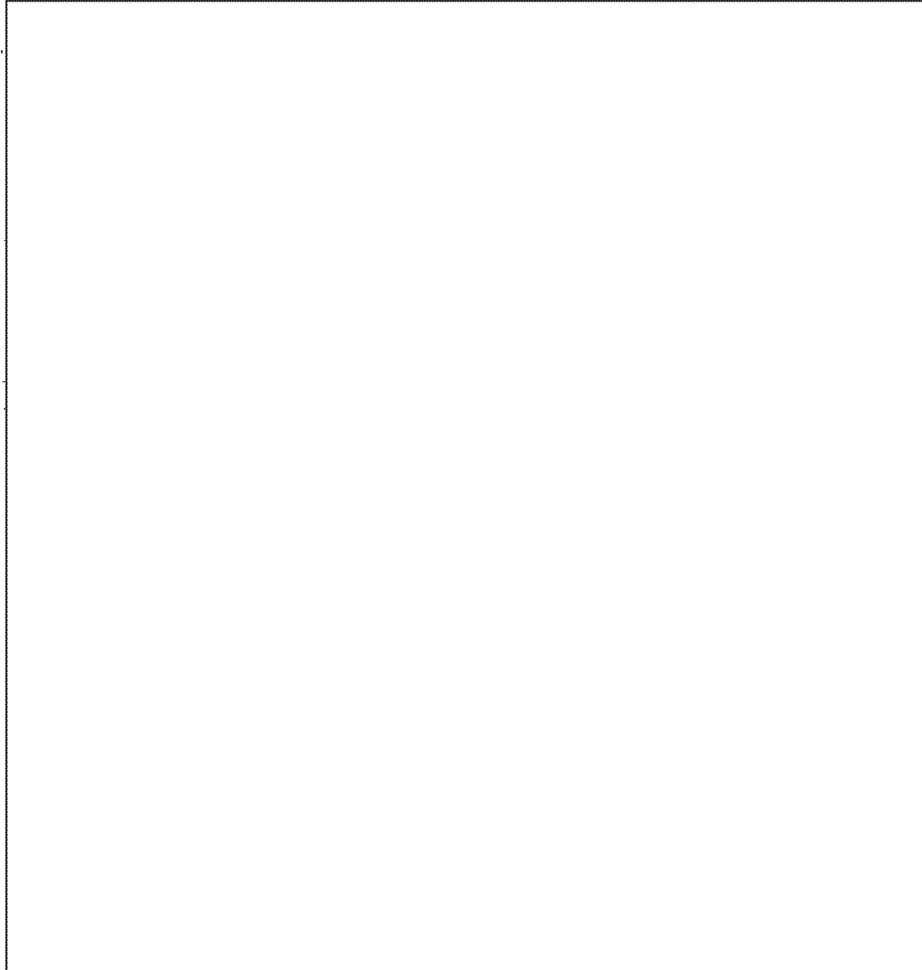
Winston M. Scott /s/

SECRET

No Reply

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on



62

SECRET  
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A	GENERAL	
<div></div>		



SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. ~~Indicate if possible~~ <sup>Indicate if possible</sup> recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

**SECRET**  
(When Filled In)

**EYES ONLY**

**FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

055495

SECTION A

GENERAL

[Empty report body area]

**SECRET**

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training  
of insurance loss.



DEPARTMENT OF STATE  
FOREIGN SERVICE INSTITUTE  
WASHINGTON

June 28, 1966

[Redacted]  
Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

*Evert T. Little*

Evert T. Little  
Chief

Extension Training Division

[Redacted]

[Redacted]

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

**TO:**

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

<b>EMPLOYEE SERIAL NO.</b>	<b>NAME OF EMPLOYEE</b>	<b>OFFICE/COMPONENT</b>
LAST	FIRST	MIDDLE

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

#### PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	ONLY
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS ( <i>Basic</i> )	27	28-29	30-31	32-33	34-35	36-37	38-39		
3 - CORRECTION									
5 - CANCELLATION									
	1	07	20	66					

#### TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY ( <i>Basic</i> )	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

#### SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER ( <i>Specify</i> )	

DOCUMENT IDENTIFICATION NO. <div style="text-align: center; font-size: 1.2em;">IN 99956</div>	DOCUMENT DATE/PERIOD <div style="text-align: center; font-size: 1.2em;">9/20/66</div>
--	--

REMARKS

PREPARED BY	<input checked="" type="checkbox"/>	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION		DATE	SIGNATURE
C & T DIVISION		9/22/66	

FORM 1451a USE PREVIOUS EDITIONS.

**SECRET**

(4-10)



SECRET

4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
16. COMMENTS					
17. DATE OF REQUEST			19. ROOM NUMBER AND BUILDING	20. EXTENSION	
7 MAY 1966			GH-56, Hqs.	6815	
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL					
<p>8 July 66</p> <p>75617</p> <p>701 55 10 52 VII, 82</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

FORM 259a

SECRET

(4)

U. S. DEPARTMENT OF AGRICULTURE  
GRADUATE SCHOOL  
WASHINGTON, D. C. 20250

*Information Record*

To whom it may concern: c/o American Embassy  
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
------------	--------------	----------	-------	-------------

205 c	Modern Supervisory Practice	6/7/66	A+	2
-------	-----------------------------	--------	----	---

Correspondence Program

A — 80-100 EXCELLENT	F — BELOW 60 FAILURE
B — 60-80 GOOD	W — AUDITOR
C — 70-79 FAIR	I — INCOMPLETE
D — 60-69 PASSABLE	W — WITHDRAWN

Helen Kempfer, Head  
Correspondence Program

AMERICAN EMBASSY  
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, <sup>Personnel</sup> Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Erg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and materials.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE  
GRADUATE SCHOOL  
WASHINGTON, D. C. 20250

*Information Record*

To whom it may concern:                       
c/o American Embassy  
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

*Correspondence Program*

A -- 90-100 EXCELLENT	F -- BELOW 50 FAILURE
B -- 80-89 GOOD	7 -- AUDITOR
C -- 70-79 FAIR	8 -- INCOMPLETE
D -- 60-69 PASSABLE	9 -- WITHDRAWN

*Helen Kempfer*  
Helen Kempfer, Head  
Correspondence Program

AMERICAN EMBASSY  
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, PSSs and PSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, M.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and personnel development.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING



16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE (from item 3-2) 14 Aug 1964
			DATE 2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH 18 June 25	2. GRADE GS-14	3. CURRENT POSITION TITLE AND GRADE Operations Officer GS-14	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR 24 April 1963
4. SERVICE DESIGNATION (if known) D	5. CURRENT STATION OR FIELD BASE Mexico City		7B. EXPECTED DATE OF DEPARTURE FROM FIELD On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR None			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			

**SECRET**

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (For 1st, 2nd and 3rd choice) IN THE BOXES BELOW:	
<input checked="" type="checkbox"/> RETURN TO MY CURRENT STATION	THIS IS BY FAR FIRST CHOICE
<input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE <u>DOD/Field</u> 2ND. CHOICE <u>OFR</u> 3RD. CHOICE <u>DCI/-Staff</u>	
<input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS: 1ST. CHOICE [ ] ( <u>COB</u> ) 2ND. CHOICE [ ] ( <u>DCOS</u> ) 3RD. CHOICE [ ] ( <u>CDB</u> )	
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?  INDICATE NUMBER OF WORK DAYS <u>45</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: Wife <u>37</u> Daughter <u>12</u> Twin sons <u>9</u>  Total dependents - <u>4</u>	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT  Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.	
12. SIGNATURE; COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.  TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  	
14. SIGNATURE; COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.  TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  WH Division recommends that [ ] return for a second tour of duty in Mexico City following home leave in the summer of 1965.	
16. [ ]  	
FOR USE OF CAREER SERVICE	
17. EMPLOYEE [ ] HAS [ ] WAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. <u>920033259</u> CABLE NO. _____
19. TYPED OR PRINTED NAME [ ]	
21. TITLE <u>Officer Alaska</u>	22. DATE <u>10/16/64</u>
23. COMMENTS <u>New Tour after Home Leave in December 65</u> <u>P.L.H.</u>	

**SECRET**

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curle Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6	(Print)	7-24		25-26

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63				MEXICO	450

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
2 - CORRECTION									
3 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
H44T - 3681	4/25/63

REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED
1. NAME, POSITION, ADDRESS	DATE	SIGNATURE
2. ORGANIZATION	5/11/63	

FORM 1451a USE PREVIOUS EDITIONS

**SECRET**

16-191

SECRET

## VERIFIED RECORD OF OVERSEAS SERVICE

35:533 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-9	(Print)	0-25		26-29

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE				COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38			39-41
2 - CORRECTION										
3 - CANCELLATION										

## TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN				AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38			39-41
2 - CORRECTION										
3 - CANCELLATION										

## SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT APPROVED BY  
SOURCE DOCUMENTAPPROVE DATA VERIFIED CORRECTLY. DATES AND SOURCE  
DOCUMENT CITED

FISCAL DIVISION

DATE

SIGNATURE

FINANCE DIVISION

1451a

SECRET

(14-10)

CONFIDENTIAL  
(when filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

.....

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

14 February 1963  
Date



CONFIDENTIAL

(When Filled In)

3. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

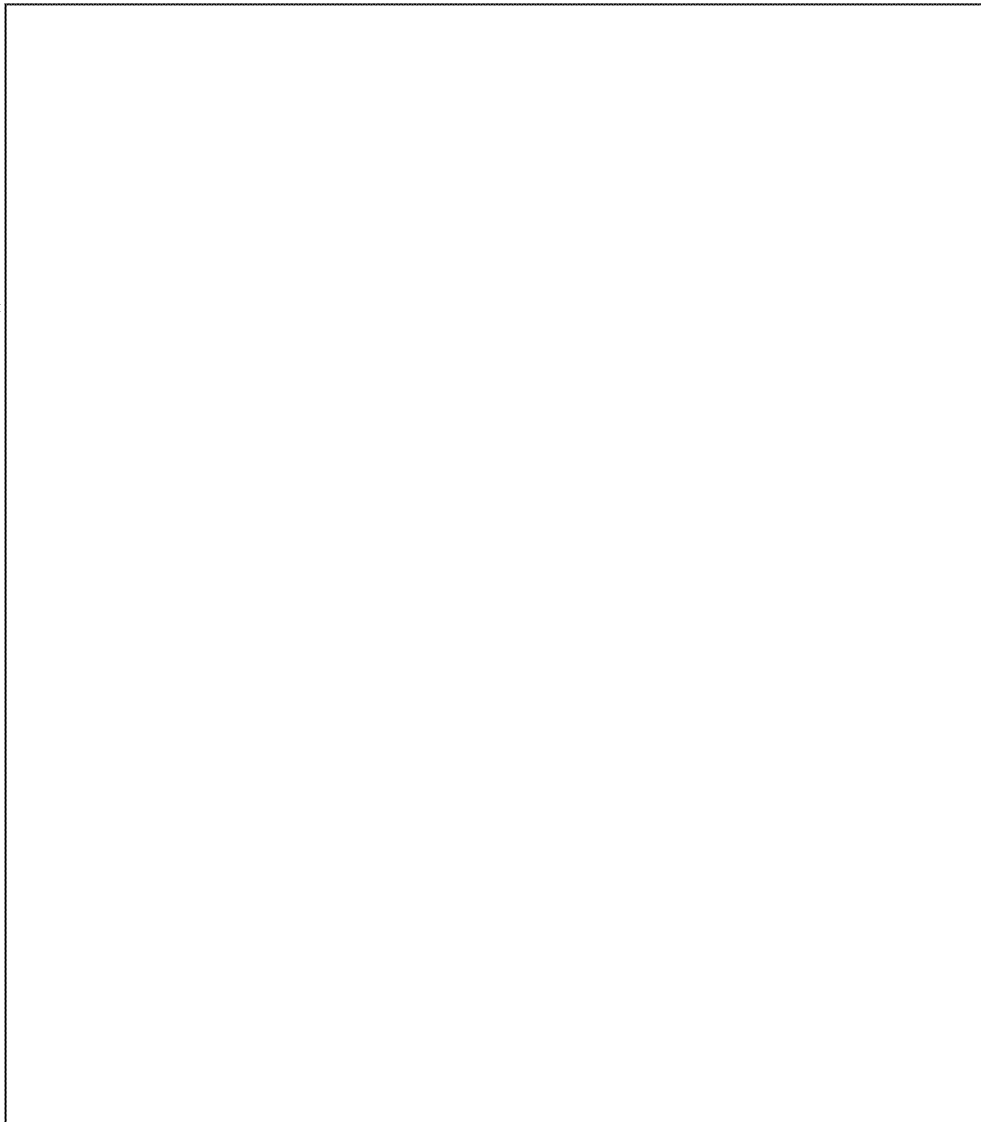
SIGNED AT NPS.	DATE 14 Feb 1963
-------------------	---------------------

CONFIDENTIAL

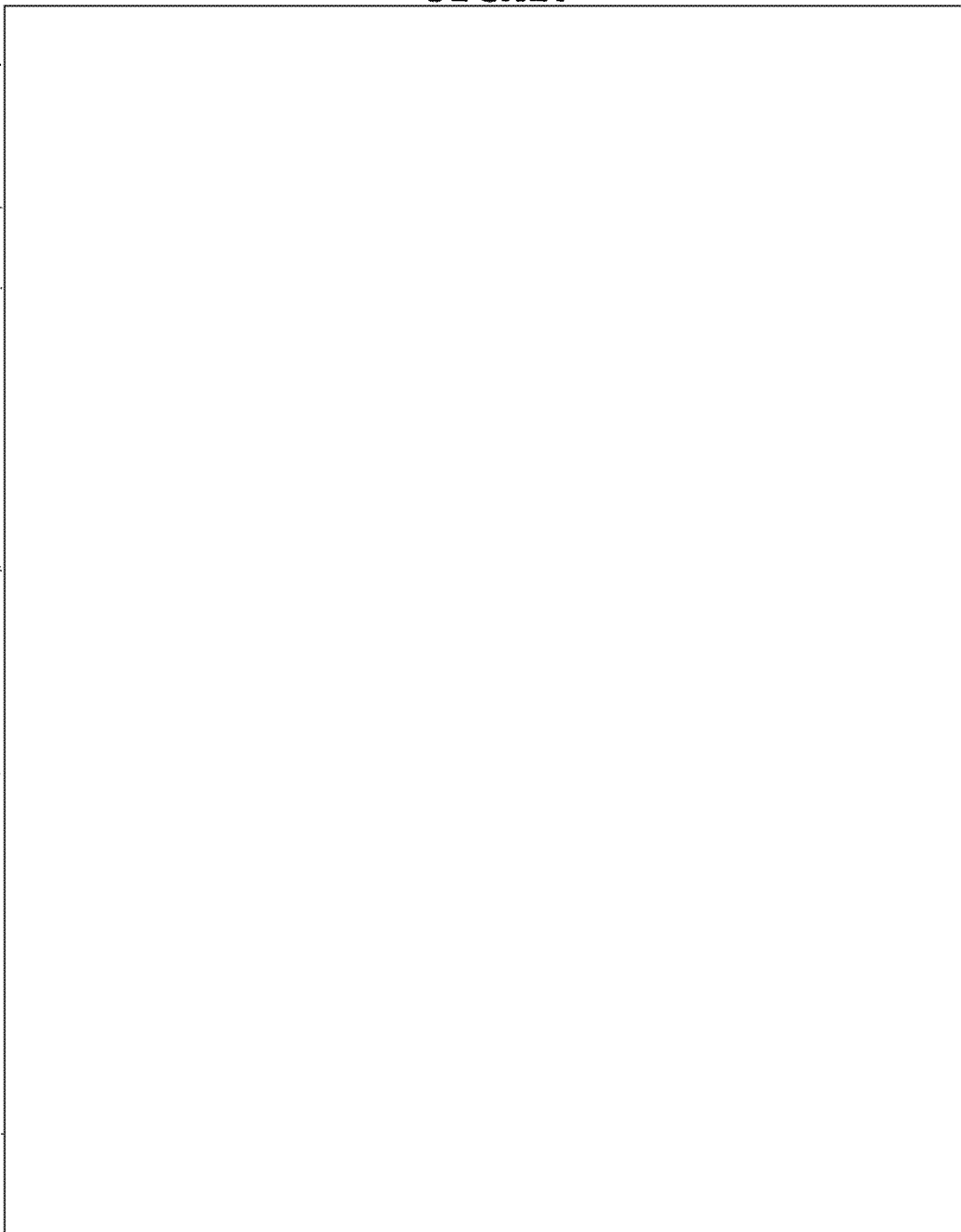


**SECRET**ASD

## Supplement to Staff Employee Personnel

Action Effective 27 March 1961**SECRET**

SECRET



SECRET

**SECRET**

UNITED STATES GOVERNMENT

BY ☐

FORWARDED OFFICE

ACCEPTED:

**SECRET**

Pre 1963 Training &  
related loss.

Medical clearances

Pre 1963 Documents  
(application forms,  
awards, PHS supplements)

**TELEPHONE REQUEST FOR RECORDS OR INFORMATION**

NATIONAL PERSONNEL RECORDS CENTER, TCPS  
111 Minnebago Street  
St. Louis, MO 63118

DATE OF REQUEST

6-9-78

CLERK'S INITIALS

DATE OF BIRTH

MONTH

DAY

YEAR

6

18

25

SOCIAL SECURITY NUMBER

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1067.45.

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (if different than current name)

**PREVIOUS FEDERAL EMPLOYMENT**

AGENCY AND BUREAU

LOCATION

FROM

TO

GENERAL SERVICES ADMINISTRATION

GSA FPMR 6895 (Rev. 1-77)

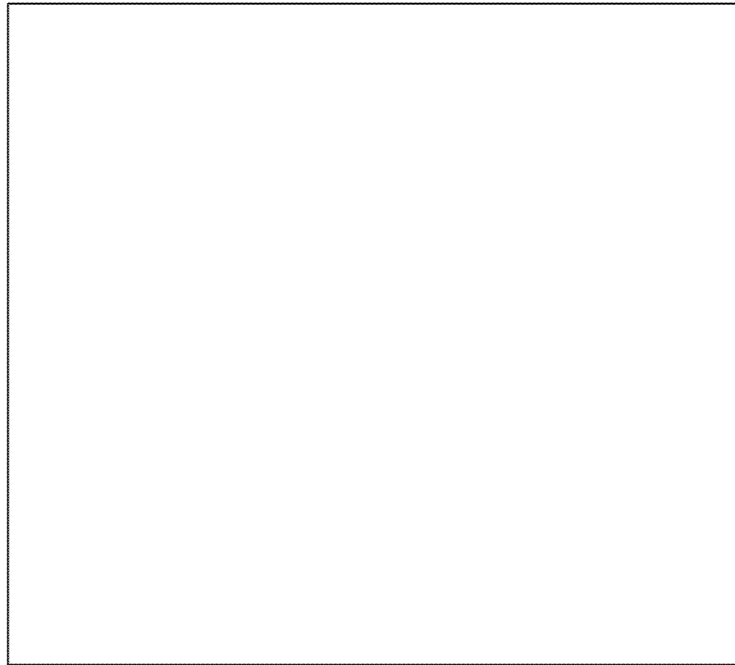
PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

Date: 1/23/79

MEMORANDUM FOR: Sup. Gr., ROB  
SUBJECT : Request for Estimate of Annuities

JB  
SE

1. Please provide estimate of annuities for:



2. Remarks: OP FILE ATTACHED ROSE KERN

COULD NOT FIND CORRESP. FILE

JOHN McGUIRE  
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)



## NOTIFICATION OF PERSONNEL ACTION.

32 Of the many... PLAINTEXT: "The..."

73. *SCOTTS' ORNAMENTAL LEAFY WAX PLANT*

~~SECRET~~ DEPARTMENT OF STATE

STÜU

2 PERSONNEL MOBILE

Form 09 1021

1-65

(3 separate to SF 11 approved by  
FM and B of R July 1965)

# REQUEST FOR PERSONNEL ACTION

1105

FM/RO

## PART I. REQUESTING OFFICE

(Fill in items below when in house form)

[Large empty box for Part I content]

## PART II. TO BE COMPLETED BY PERSONNEL OFFICE

(If no grade listed in PART I above, use to be completed)

1. CLEARANCE	INITIALS OR SIGNATURE	DATE	<input type="checkbox"/> ENTRANCE PERFORMANCE RATING SATISFACTORY	<input type="checkbox"/> IA	<input type="checkbox"/> NEW	<input type="checkbox"/> VICE	<input type="checkbox"/> REGRADED
(1)			<input type="checkbox"/> SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING				
(2) CEIL OR POS CONTROL	6-11-10 / J.R.	8-1-5-1973	<input type="checkbox"/> SERVICE COUNTING TOWARD CAREER TENURE FROM				
(3) CLASSIFICATION			<input type="checkbox"/> SUCCESSOR POSITIVELY EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE				
(4) EMPLOYMENT			SEPARATION SHOW REASON BELOW CHECK IF APPLICABLE <input type="checkbox"/> DURING PROBATION <input type="checkbox"/> END OF YEAR				
(5)							
(6) APPROVED BY							

*[Handwritten signature]*

*[Handwritten initials]*

PART III. TO BE COMPLETED BY EMPLOYEE

112 775 2 3 1 05



DEPARTMENT OF STATE

Washington, D.C. 20520

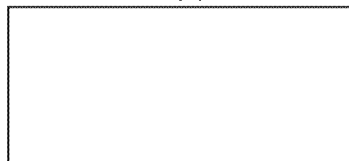
March 9, 1973

The Honorable William P. Rogers  
The Secretary of State  
Department of State  
Washington, D.C. 20520

Dear Mr. Secretary:



Sincerely,



**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

February 4, 1968

**ORIGINAL COPY—Retain in Official Personnel Folder**

STANDARD FORM NO. 170-1  
REVISED 1963  
GSA GEN. REG. NO. 27 1963  
(7-170-1)





14-00000

**IMPORTANT.**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

## EXAMPLES OF DESIGNATIONS

### How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary.....	Type or print address of each beneficiary.....	Relationship.....	Share to be paid to each beneficiary.....



Standard Form No. 1134  
11-57 (2-58)  
1179 101



## DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF  
DECEASED CIVILIAN EMPLOYEE

### IMPORTANT

Read instructions  
on back of duplicate  
before filling in this form

#### INFORMATION CONCERNING THE EMPLOYEE

--

I, the employee identified above, concerning any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

#### INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name

--


I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution - month, day, year)

WITNESSES TO SIGNATURE

--

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY-OPERATOR WILL BE NOTED AND RETURNED

14-00000

**IMPORTANT**—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

## EXAMPLES OF DESIGNATIONS

### How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

Standard Form No. 2800 CHAPTER I - EMPLOYER O-GAO 3049	<b>HEALTH BENEFITS REGISTRATION FORM</b> FEDERAL EMPLOYERS HEALTH BENEFITS ACT OF 1959 (Part 1)	153281 153281																				
1. Select to enroll in a health benefit plan as shown below. I authorize deductions to be made from my pay to cover my share of the cost of the premium. (Copy the information requested below from inside cover of brochure of the plan you select.)		2. Are you now married? <input type="checkbox"/>																				
NAME OF PLAN _____		3. DATE OF BIRTH _____																				
2. In space below list all eligible family members, without exception. List your wife or husband first. If you are unmarried, list your dependent child first. Include illegitimate children who live with you in a regular parent-child relationship. Include children under age 19 who become disabled before age 19 and who, because of the disability, are incapable of self-support. (A child is eligible for a disabled child age 19 or over.)		4. EMPLOYMENT STATUS _____																				
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">5</td> </tr> </tbody> </table>	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		2		3		3		4		4		5		5	5. If you are a female (employee or dependent), does the family listed above include a husband who is incapable of self-support by reason of disability or physical handicap which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																			
Wife or Husband	1		2																			
	3		3																			
	4		4																			
	5		5																			
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.		6. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason _____																				
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.		7. Date of event which affects your enrollment _____																				
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.		8. DATE RECEIVED BY EMPLOYER'S OFFICE _____																				
<b>PART F</b> TO BE COMPLETED BY AGENCY.		9. PAYROLL ACTION (INITIALS AND DATE) _____																				
<b>REMARKS</b> FOR USE ONLY BY ASSISTANTS AND AGENCY.		10. DATE OF ACTION (INITIALS AND DATE) _____																				

Standard Form No. 2809 CHAPTER 1-11 PM 6 GAO 1-10		<b>HEALTH BENEFITS REGISTRATION FORM</b> <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> <small>(Print) Fill in on back of last page. Use only provisions of law.</small>		CARRIER'S NUMBER NO. <div style="font-size: 1.2em; font-weight: bold;">153281</div>																								
<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART.		1. DATE OF BIRTH _____ 2. ARE YOU NOW MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO																										
<b>PART B</b> Fill in this part if you wish to enroll in a health benefits plan.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">NAME OF PLAN _____</div> <div style="width: 20%;">COST (HIGH OR LOW) _____</div> <div style="width: 20%;">ESTIMATED COST PER MEMBER _____</div> </div>																										
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.		2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)																										
THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 15%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 25%;">RELATIONSHIP TO EMPLOYEE</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table>			NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		6		2		7		3		8		4		9		5		10
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH (Month, Day, Year)																									
Wife or Husband	1		6																									
	2		7																									
	3		8																									
	4		9																									
	5		10																									
<b>PART C</b> Fill in this part if you wish NOT to enroll or if you wish to change your enrollment.		3. If you are a female (or employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input type="checkbox"/>																										
<b>PART D</b> Fill in this part if you wish to change your enrollment.		4. The reason for my election is (Check one or more in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason _____																										
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.		5. I elect to change my enrollment as follows: (Check one or more in proper box) 1. I wish to change to the following plan: _____ 2. I wish to change to the following plan: _____ 3. I wish to change to the following plan: _____																										
<b>PART F</b> TO BE COMPLETED BY AGENCY.		6. DATE RECEIVED BY EMPLOYER'S OFFICE _____ 7. EFFECTIVE DATE OF ELECTION _____ 8. SIGNATURE OF EMPLOYEE _____ 9. SIGNATURE OF AGENCY _____																										
<b>REMARKS</b> FOR USE ONLY BY AGENTS AND AGENCIES.		10. SIGNATURE OF AGENT (TO BE FILLED IN BY AGENT) _____																										

**DESIGNATION OF BENEFICIARY**  
**FEDERAL EMPLOYEES' GROUP LIFE**  
**INSURANCE ACT OF 1954**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956  
(Date of execution of this designation)

**WITNESSES TO SIGNATURE** (If witness is not present to sign)

(Indicate date and by whom received) f

IF MAILED AS AN EMPLOYEE, DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY. INDICATE WHY BE NOTED AND RETURNED. 16-70912-1  
IF MAILED AS AN ANNUITY, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D. C. - DUPLICATE WILL BE NOTED AND RETURNED.

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

## EXAMPLES OF DESIGNATIONS

### How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

\*Do not write name as M. E. Brown or as Mrs. John H. Brown.  
 \*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

16-70410-1

~~PAGE 9616~~

FEDERAL PAY ADJ.EX.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED ON 01/17/73  
DATA AS OF 01/07/73

NEW NAME	SOC NUMBER	SEC	NEW ORG-CD	PP	GR	PAY STEP	OLD SALARY	NEW SALARY
	298600	FR	03	07		2802200	2946200	

DEPARTMENT OF STATE  
PERSONNEL ACTIONAND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FAM 1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination. Allowances are shown in Item II.

1. NAME, ADDRESS AND DIPLOMATIC TITLE

2. EMPLOYEE NUMBER

3. AUTHORIZATION NUMBER





APR 29 1961  
3 1 69

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

~~SECRET~~

LWOP DATA Fill in appropriate spaces covering LWOP during following periods: Period(s) _____ <input type="checkbox"/> No ESESS LWOP TOTAL ESESS LWOP _____ (Check applicable box in case of excess LWOP) <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD		<input type="checkbox"/> Other Step Increase _____ <input type="checkbox"/> Pay Adjustment _____
REMARKS		Performance rating is satisfactory or better.  <b>JOHN H BUANS</b>  _____ (Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71  
DATA AS OF 01/31/71

NAME

[illegible]

OLD SALARY	NEW SALARY
100	100
101	101
102	102
103	103
104	104
105	105
106	106
107	107
108	108
109	109
110	110
111	111
112	112
113	113
114	114
115	115
116	116
117	117
118	118
119	119
120	120
121	121
122	122
123	123
124	124
125	125
126	126
127	127
128	128
129	129
130	130
131	131
132	132
133	133
134	134
135	135
136	136
137	137
138	138
139	139
140	140
141	141
142	142
143	143
144	144
145	145
146	146
147	147
148	148
149	149
150	150
151	151
152	152
153	153
154	154
155	155
156	156
157	157
158	158
159	159
160	160
161	161
162	162
163	163
164	164
165	165
166	166
167	167
168	168
169	169
170	170
171	171
172	172
173	173
174	174
175	175
176	176
177	177
178	178
179	179
180	180
181	181
182	182
183	183
184	184
185	185
186	186
187	187
188	188
189	189
190	190
191	191
192	192
193	193
194	194
195	195
196	196
197	197
198	198
199	199
200	200

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul

(Position to which appointed)

November 20, 1970

(Date of appointment)

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Subscribed and sworn (or affirmed) before me this

(City)

[SEAL]

Commission expires

(If by a Notary Public, the date of expiration of his Commission should be shown)

**NOTE.**—The oath of office must be administered by a person specified in 5 U.S.C. 2203. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

05 1537

7-10-68

7-10-68

7-10-68

## NOTIFICATION OF PERSONNEL ACTION

1954年11月11日

51078

[illegible][illegible]

SI 01 022667mg up C-5 STATE

SUBMITTING OFFICE NO 2951

2 PERSONNEL FOLDER

১. *কল্যাণ*  
 ২. *কল্যাণ*  
 ৩. *কল্যাণ*  
 ৪. *কল্যাণ*  
 ৫. *কল্যাণ*  
 ৬. *কল্যাণ*  
 ৭. *কল্যাণ*  
 ৮. *কল্যাণ*  
 ৯. *কল্যাণ*  
 ১০. *কল্যাণ*

1300

Form 100-100

(Exception to 47 CFR 1.100 approved by  
CSC and R of R July 1967)

# REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (fill in items except those on heavy lines)

PAS/PC 11-24-70, R.W.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

U.S. DEPARTMENT OF THE INTERIOR

**സ്മാരകം: ൧൪**

51254

1977 17 50 33 112310

THE MONSIEUR IN 1910 IN THE

**PART IV. SEPARATION DATA**

FORWARD COMMUNICATIONS, RECORDS, SALES CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

024 1017

(Continued)

REMARKS BY REQUESTING OFFICE.

Ad

0155

8.12.19

**00**

*[Illegible handwritten notes]*

7.

James A. McLaughlin



DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND

AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 13.

FORM DS-1042  
2-3-69

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

<p>Period(s) _____</p> <p>Period(s) _____</p> <p><input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____</p> <p>(Check applicable box in case of excess LWOP)</p> <p><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD.</p> <p><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.</p>	<p><input type="checkbox"/> Other Step Increase _____</p> <p><input type="checkbox"/> Pay Adjustment _____</p>
---	--

Initials of Clerk \_\_\_\_\_

<p>REMARKS</p>	<p>Performance rating is satisfactory or better.</p> <p><b>JOHN M BURNS</b></p> <p>_____ (Signature or other authentication)</p>
----------------	--

PERSONNEL COPY



FEDERAL BUREAU OF INVESTIGATION, DEPARTMENT OF JUSTICE

02/01/70  
04/24/70

DATA AS OF 04/25/70

4. 485

20010707  
000000

506-557

DAY  
PLA:

COAPE AENT  
PSI

125

OLD  
SALAFY

OF PW  
SALARY

SAI RAY

SALADY

EFFECTIVE DATE 07/13/69

Form 05-1000  
3-3-66

DEPARTMENT OF STATE  
**PAY ROLL CHANGE SLIP**

[Empty rectangular box for form content]

Signature of Officer or Agent

FOR OFFICIAL USE ONLY

1-1

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

--

FORM 05-1022

Approved by \_\_\_\_\_  
(Signature of 10 July 1967)

# NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

[Empty box for personnel action notification]

MI 3-5  
P

2 PERSONNEL FOLDER

00 00 00

Form 1091  
1  
Approved by  
[Signature]

REQUEST FOR PERSONNEL ACTION

[Empty rectangular box for personnel action request details]

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

1-1-1967

[Empty box for employee information]

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1-JULY-1966

[Empty box for employee information]

FORM OS-1042  
7-15-60

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

[Empty box for employee information]

TOTAL EXCESS LWOP  
CHECK INCLUDES TAX IN CASE OF EXCESS LWOP  
IN PAY STATUS AT END OF WAITING PERIOD  
IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐

Pay Adjustment

Performance rating is satisfactory or better.

JOHN M. STEEVES

Signature of other person authorized



DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FM-1 §10.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in Item 19.



Form DS-1001  
1-63

(Reprinted to AF 12 approved by  
MC and B at R 10/1/57)

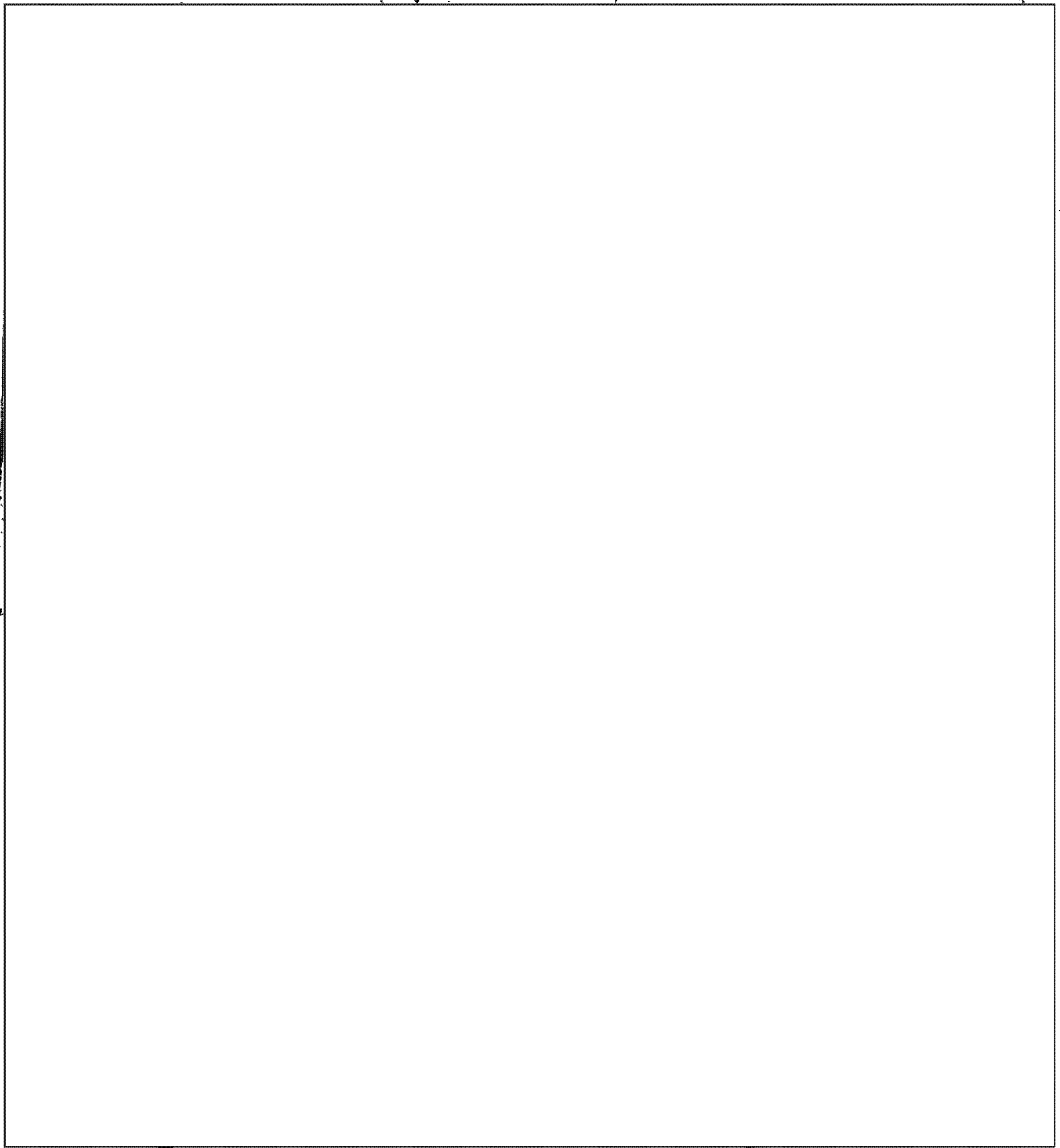
# REQUEST FOR PERSONNEL ACTION

## PART I. REQUESTING OFFICE

(Fill in items except those in heavy lines)

A. DATE OF REQUEST 7/5/66	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE EO	E. ROUTING 1. APPROV. (C) 7/1/66 2. APPROV. 7/5	F. CD/CD CD 7/5/66	G.
1. NAME (CAPS): Last First Middle			NO. MOOS MOOS	2. EMPLOYEE NO. A-54	3. BIRTH DATE: MM/DD/YY	4. SOCIAL SECURITY NO.

							5
							6
							7
							8
							9
							10
							11
							12
							13
							14



14-00000  
FORM DS 1032  
Prescription of 10 approved by  
C.M. and R.C. in 1962

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

[Empty rectangular box for personnel action notification]

JL

2

PERSONNEL FOLDER

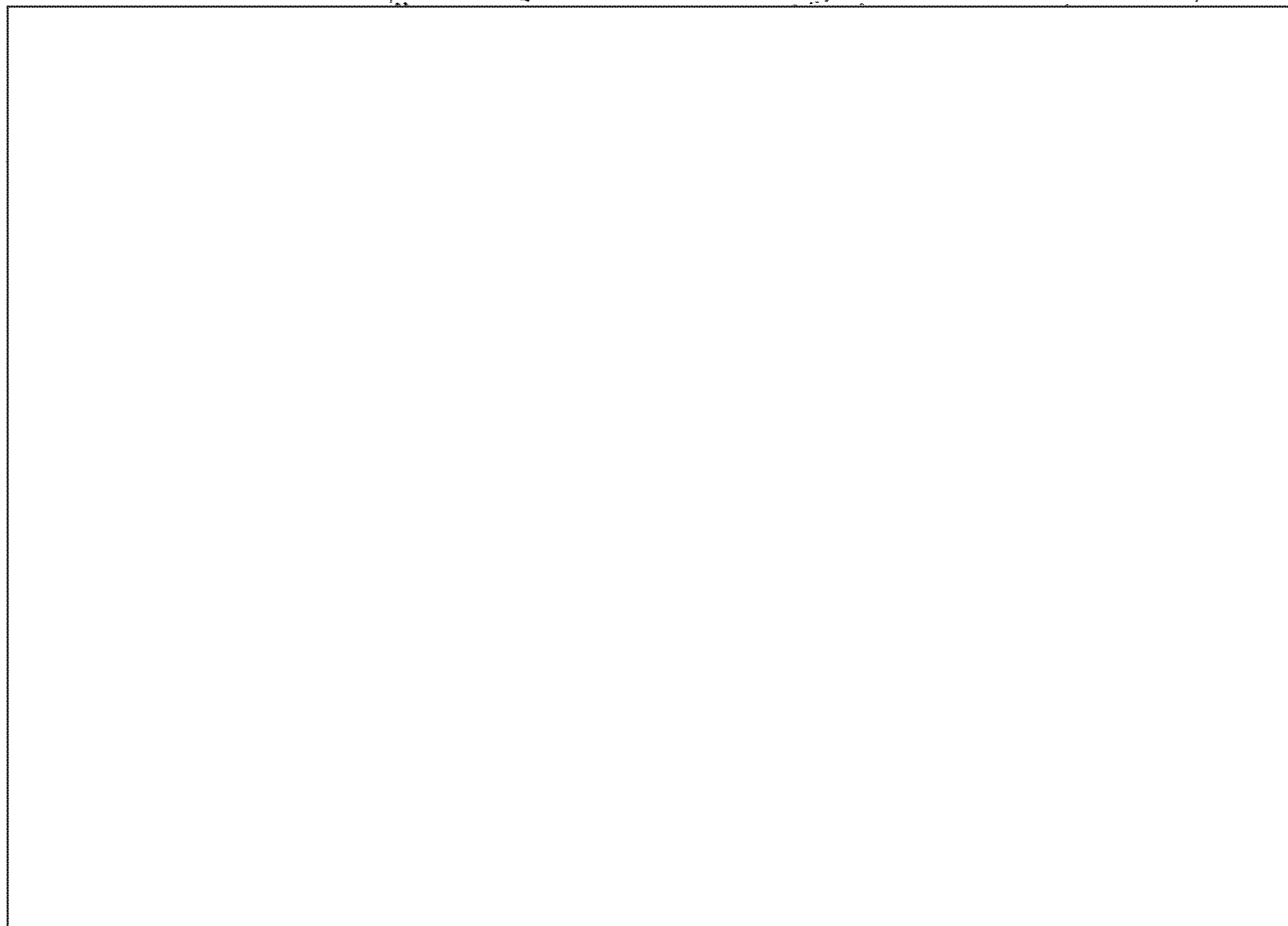
002000

RAY INC. FFF. 7-5-64 PL AR-426

N A M E

PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN

4 12.860 13.335 4 312801



(Signature or other authentication)

PERSONNEL COPY

L

NAME PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGN

FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 619  
REVISED JUNE 1960  
APPROVED BY  
COMP. GEN. U. S.  
MARCH 17, 1960  
U. S. CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER 33

# CIVIL OFFICER APPOINTMENT AFFIDAVITS

United Mexican States  
Federal District  
City of Mexico  
Embassy of the United  
States of America

33

## A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

## B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

## C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

## D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE.—The oath of office must be administered by a person specified in § U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, § U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM DS-1032

PERSONAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

1. Name of person notified by  
2. Title and Branch of Office

[Empty box for notification details]

CHP

2

PERSONNEL FOLDER

9 30 65

Form 06-1001

Replaces AF 11 approved by  
AFM and AFM 11-1001

## REQUEST FOR PERSONNEL ACTION

[Empty box for personnel action request details]

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

do solemnly swear (or affirm) that

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

**NOTE.**—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 28, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.



Form DS-1022

Enclosure to be approved by  
CSO and B. of B. July 1962

# NOTIFICATION OF PERSONNEL ACTION

Submitting office use only  
AR BSAI NUMBER

Form 05-1081

Replaces Form 05-1081 approved by  
FPMR 51 CFR 101-11.6 (July 1982)

## REQUEST FOR PERSONNEL ACTION

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel  
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT:

☒ **APPLICANT.** If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ **EMPLOYEE.**

The case of above-named person has been reviewed in the Office of Security.

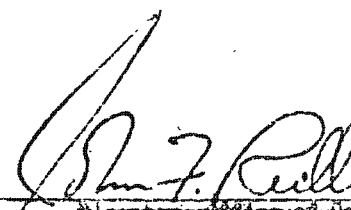
Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

  
\_\_\_\_\_  
Director, Office of Security  
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:llly:ec

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

UNCLASSIFIED/Mexico City

<b>STANDARD FORM 144</b> REVISED SEPTEMBER 1974 U.S. GOVERNMENT PRINTING OFFICE 75-200-100-101 AND 102		<b>STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS</b>	
<b>IMPORTANT:</b> The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.			
<b>PART I—EMPLOYEE'S STATEMENT</b>		<b>PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE</b>	
1. DATE OF BIRTH		2. RETENTION GROUP	

FORM DSP-34  
9-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Budget Bureau No. 47-2071.4  
Approval Expires June 30, 1955

NAME (Print)

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

☒ Foreign Service only

☐ Departmental only

☐ Foreign Service and Departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if

18. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

STATE - C. BAYWINGTON, D.C.

STANDARD FORM 57  
REVISED MARCH 1961  
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

*6-10-62*

57-102

1. Kind of position applied for, or name of examination	Announcement No.	DO NOT WRITE IN THIS BLOCK

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

10. EXPERIENCE *Start with your PRIMUM position, and work back!*

[illegible]

**IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS**



STANDARD FORM 57A  
MAY 1964 EDITION  
GSA FPMR (41 CFR) 101-11.6

**CONTINUATION SHEET FOR STANDARD FORM 57**  
**"Application for Federal Employment"**

57-202

14-00000

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
---	---------------------------------------	---	--

--	--	--	--

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
<b>ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN</b>			
25. Are you a citizen of the United States of America? .....	YES	NO	
If "No," give country of which you are a citizen: .....	<b>X</b>		
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization? .....		<b>X</b>	
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? .....		<b>X</b>	
<i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)</i>			
28. Have you any physical handicap, chronic disease, or other disability? .....		<b>X</b>	
29. Have you ever had a nervous breakdown? .....		<b>X</b>	
30. Have you ever had tuberculosis? .....		<b>X</b>	
<i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.) .....		<b>X</b>	
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? .....		<b>X</b>	
<i>If your answer is "Yes," give in Item 39 for each relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.</i>			
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? .....		<b>X</b>	
<i>If your answer is "Yes," give details in Item 39.</i>			
34. Are you an official or employee of any State, territory, county, or municipality? .....		<b>X</b>	
<i>If your answer is "Yes," give details in Item 39.</i>			
35. Have you ever been discharged (fired) from employment for any reason? .....		<b>X</b>	
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? .....		<b>X</b>	
<i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.</i>			
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) .....		<b>X</b>	
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? .....		<b>X</b>	
<i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.</i>			
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			
<b>ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION</b>			
<p>A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.</p>			
<b>CERTIFICATION</b>			
<p>I CERTIFY that all of the statements made herein are true and correct to the best of my knowledge and belief.</p>			
<p>Signature of applicant: _____</p>			

FORM DS-1032  
Exception to SF 50  
approved by CSC and

NOTIFICATION OF  
PERSONNEL ACTION

JOURNAL  
NUMBER

16

PERSONNEL FOLDER

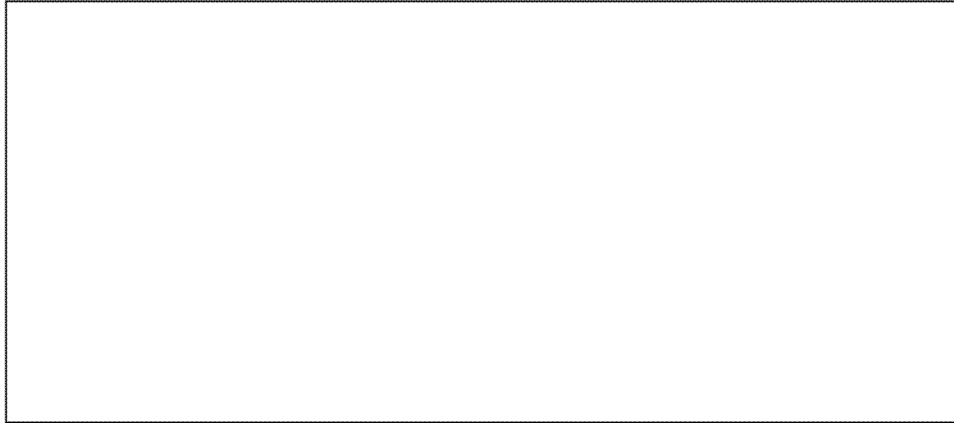
FORM DS-1031 (Exception to SF-32 approved by CSC and B of B April 22, 1950) DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION	REQUEST NO.	SERVICE	ROUTING		
			1 WFL	164	
	DATE OF REQUEST	EX FS	2 LV	117	
	04/21/61	OP	1 TRANS		



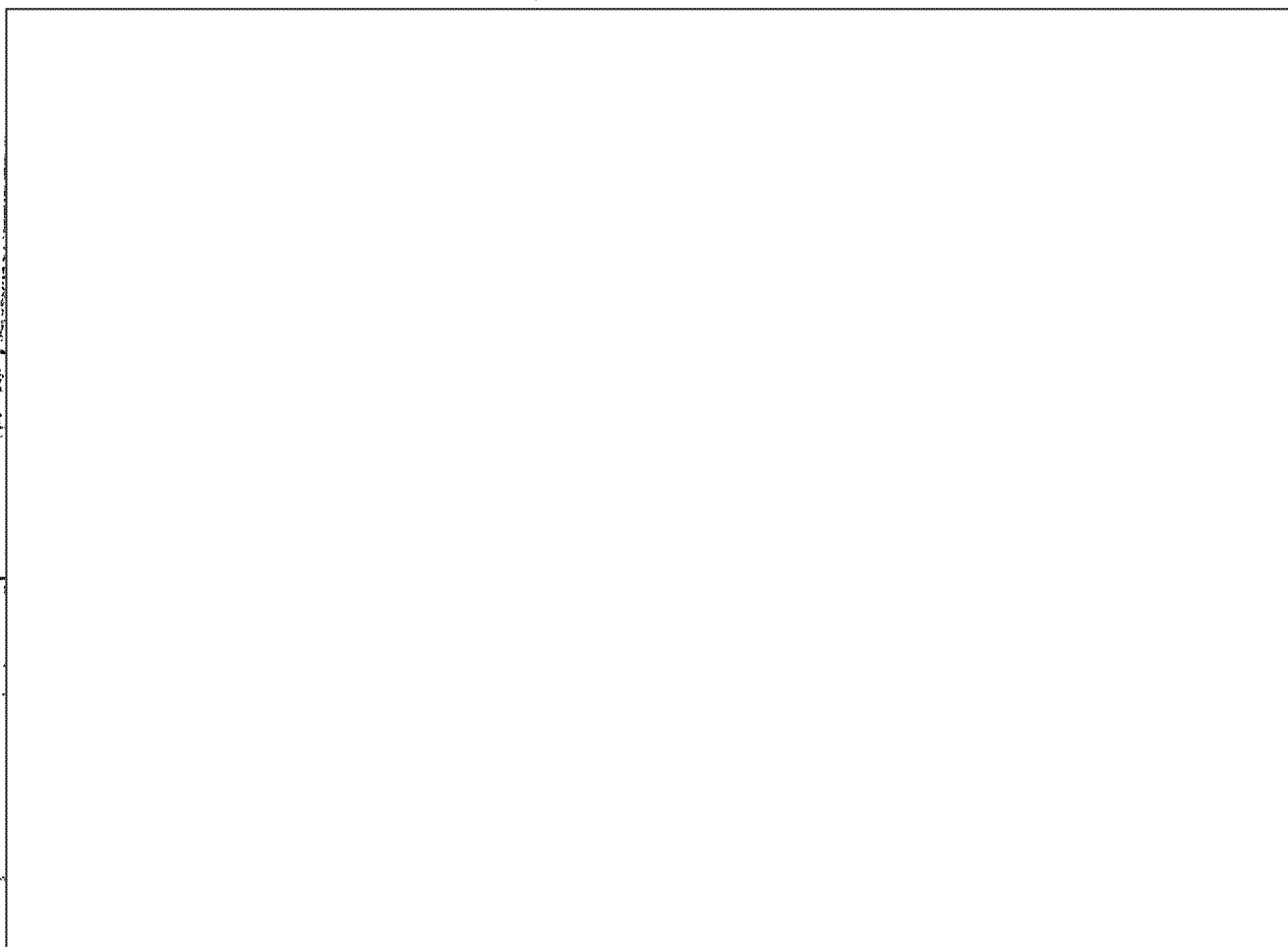
Washington, D.C.  
April 20, 1961

The Honorable  
The Secretary of State  
Washington, D.C.

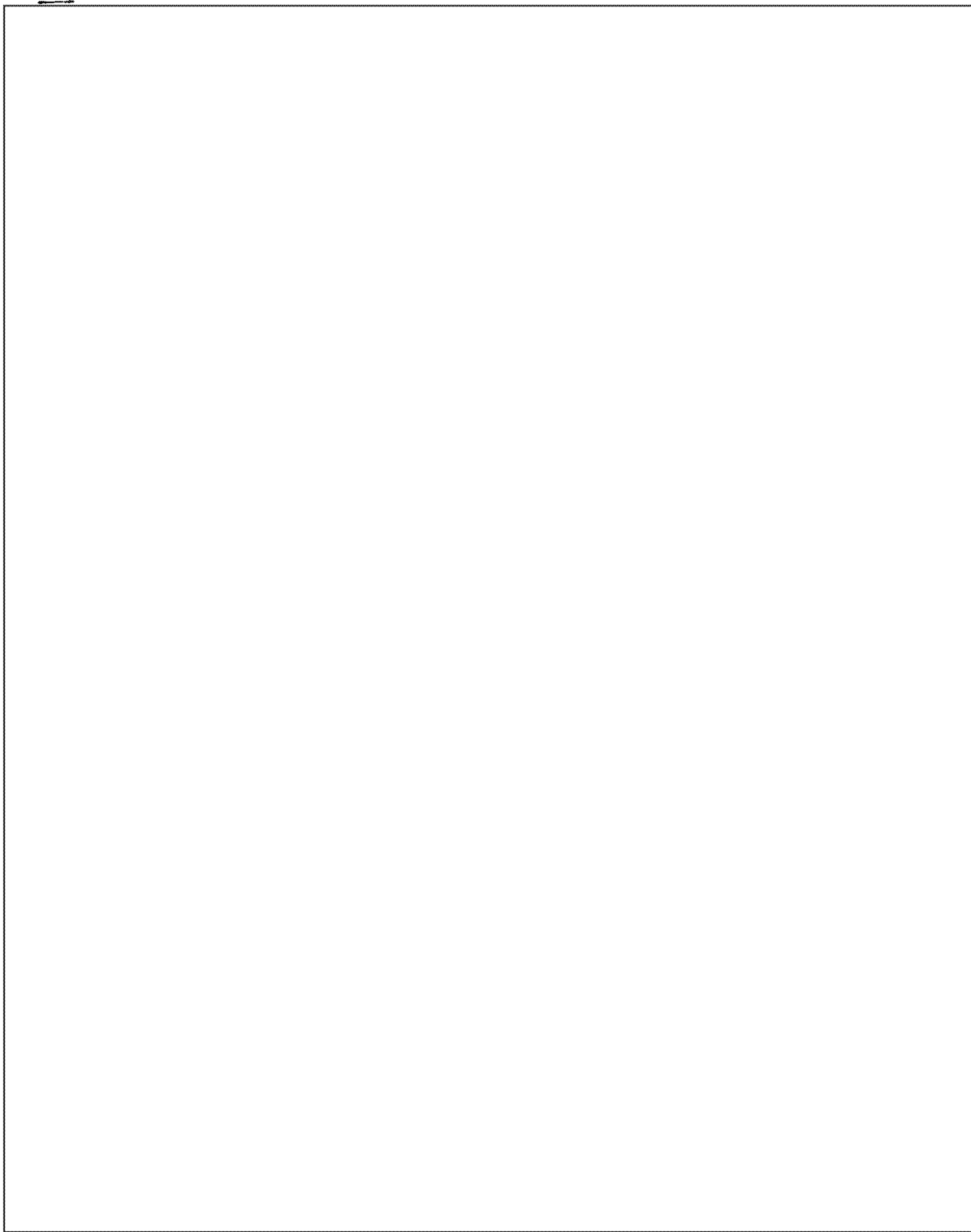
Dear Mr. Secretary:



5-12-61







2.

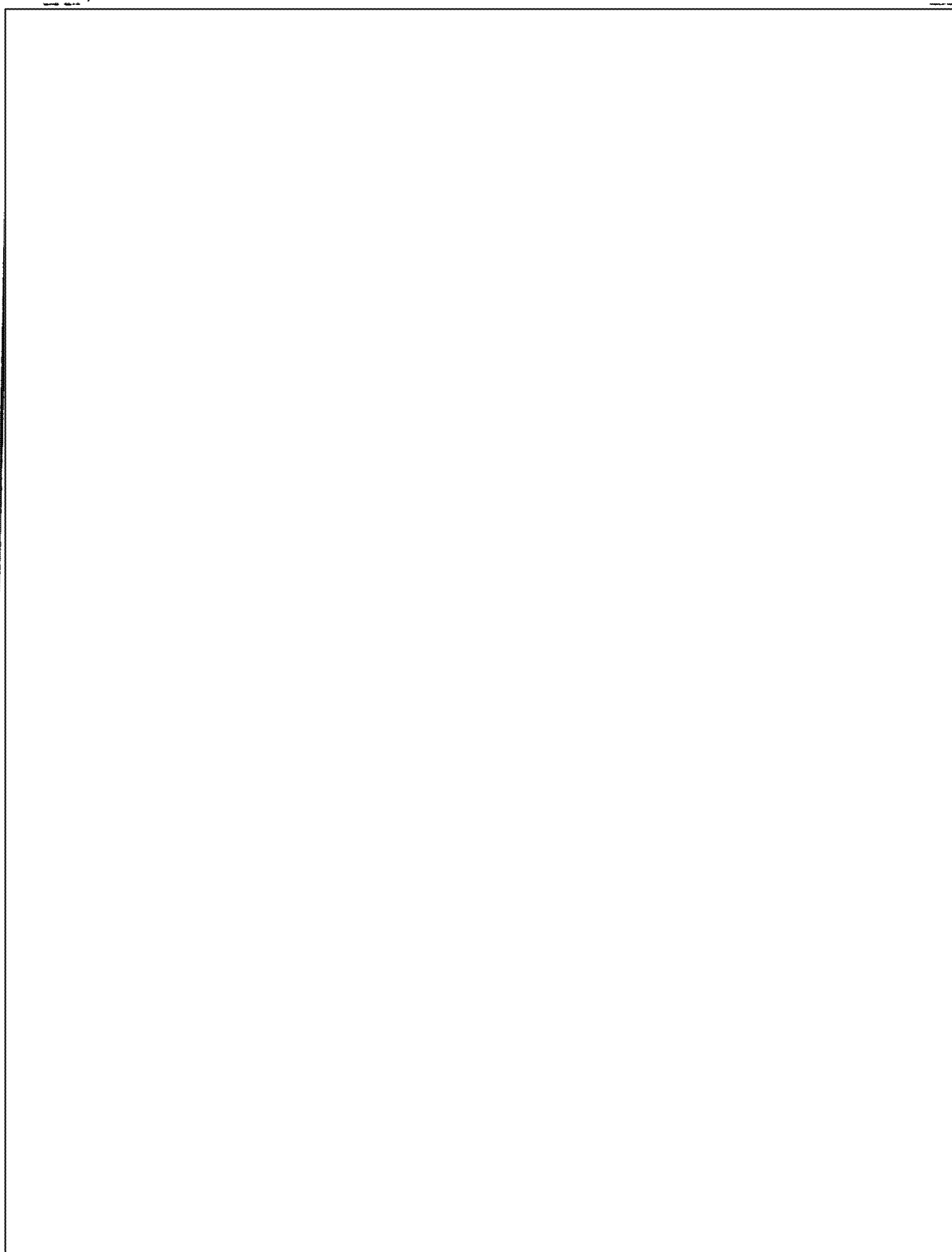
PERSONNEL FOLDER

Form DS-1031 Reception to SF-52  
Approved by the Bureau of the Budget  
May 1954

DEPARTMENT OF STATE  
REQUEST FOR PERSONNEL ACTION

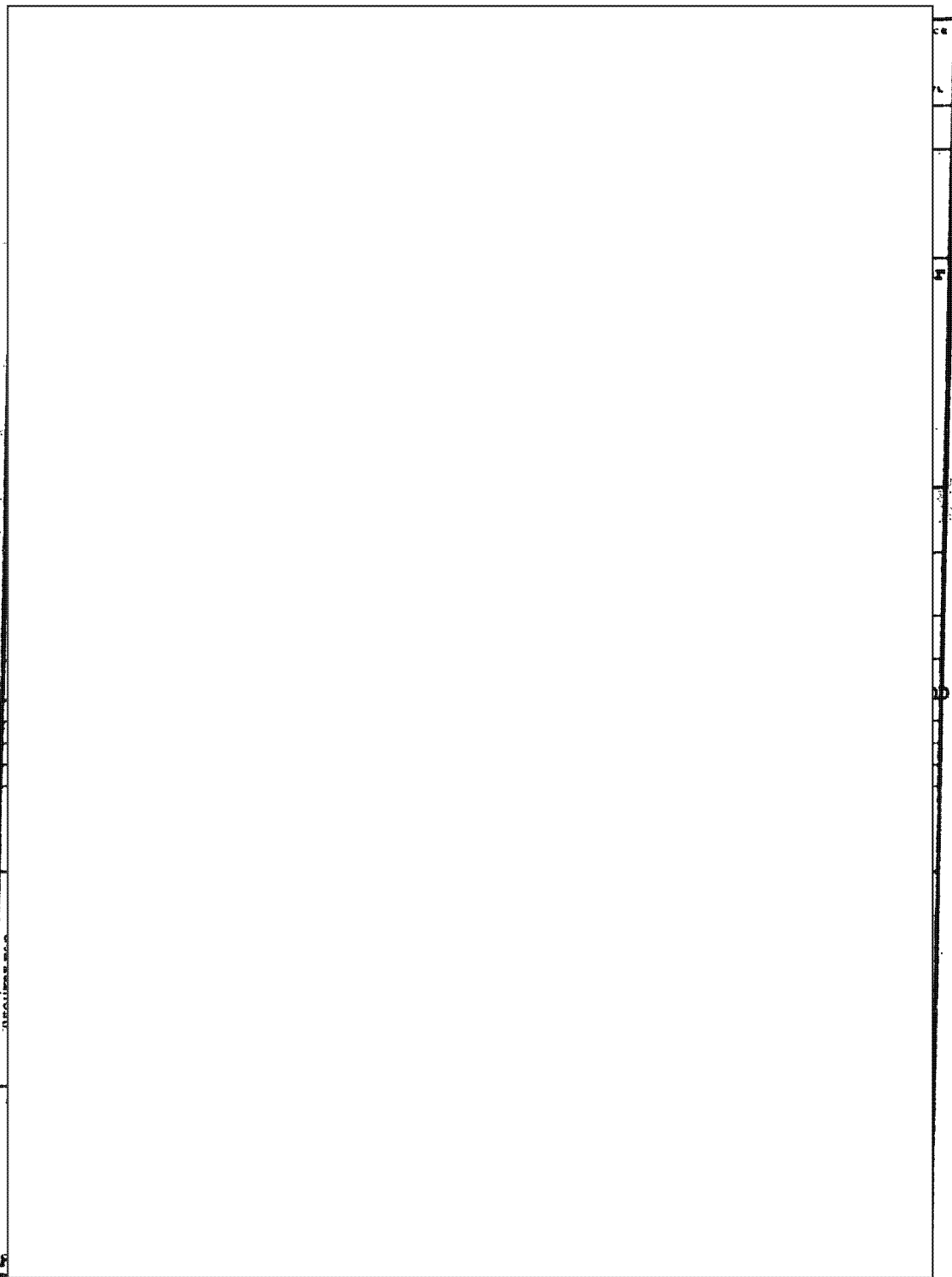
ROUTING		DATE		SERVICE
1. WROS	1. X	1. T	1. 5/2/54	EXP.
2. ARA	2. X	2. 3	2. 3	<input type="checkbox"/> DPTL
3. AAR	3. 1	3. TRANS	3. 10	
			4. 11	

331



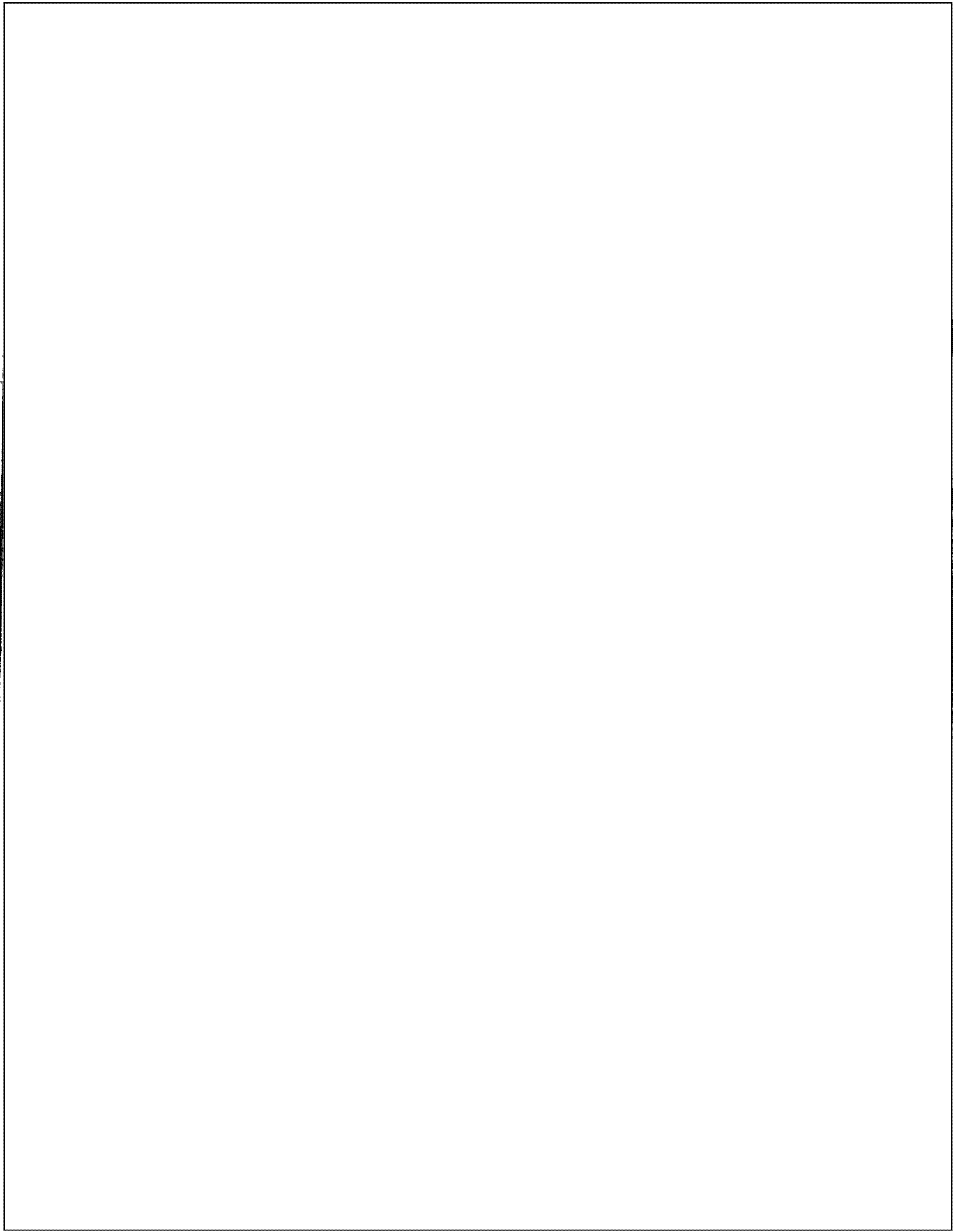
2.

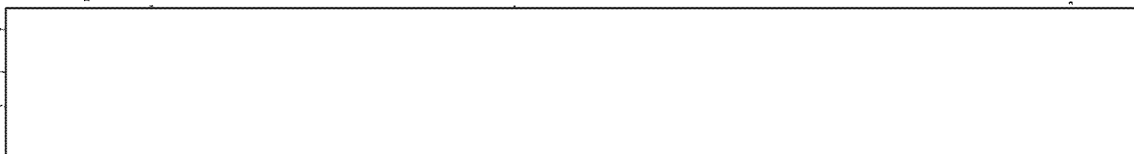
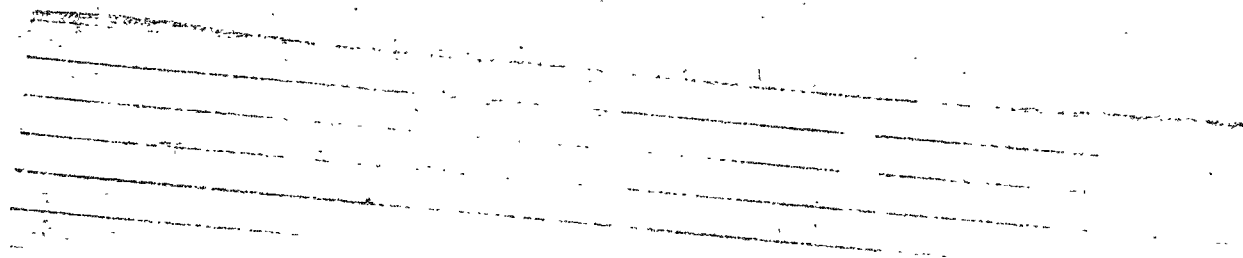
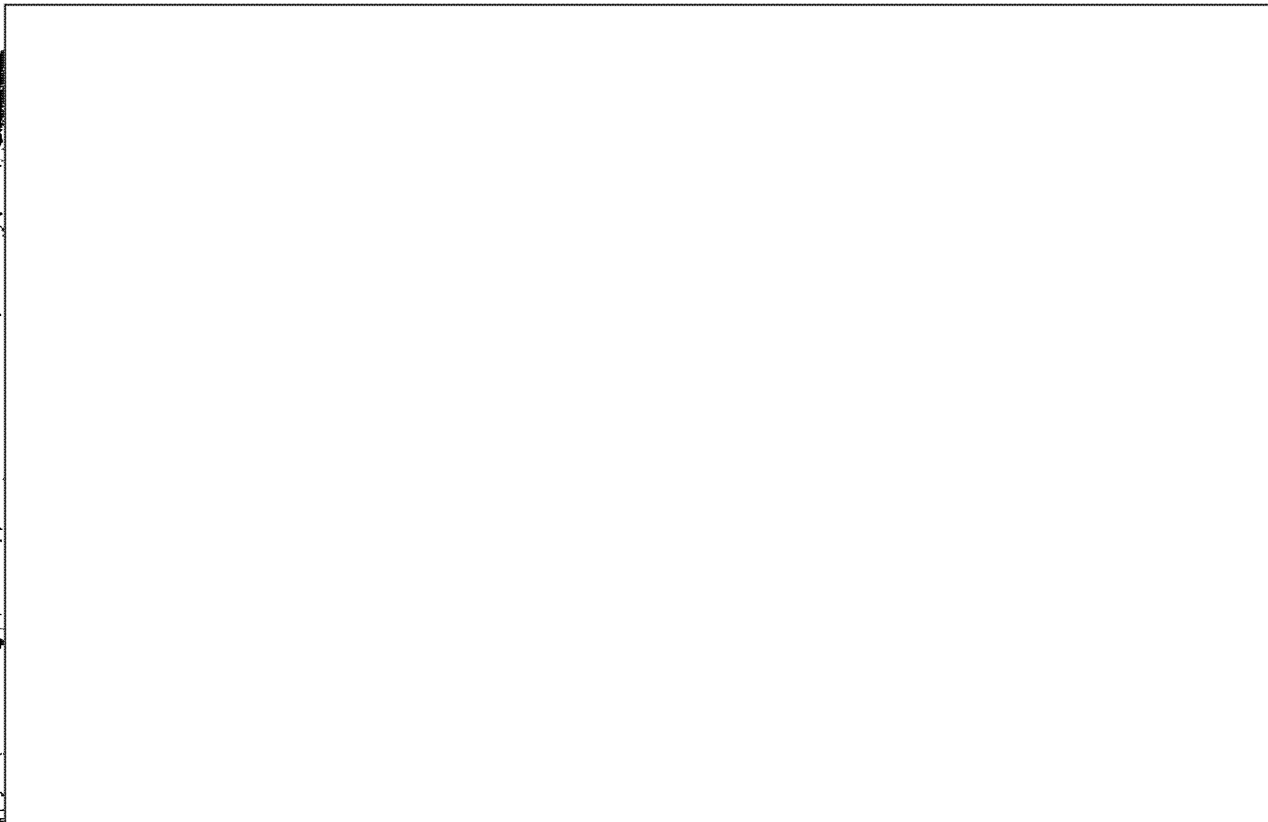
PERSONNEL FOLDER



337

17





STANDARD FORM NO 61a  
REVISED MARCH 1956  
APPROVED BY  
COMP GEN U S  
FEB 18, 1956  
U S CIVIL SERVICE COMMISSION  
F P M CHAPTER 46

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 21a and 21b)

PER 21-53

do solemnly swear (or affirm) that

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

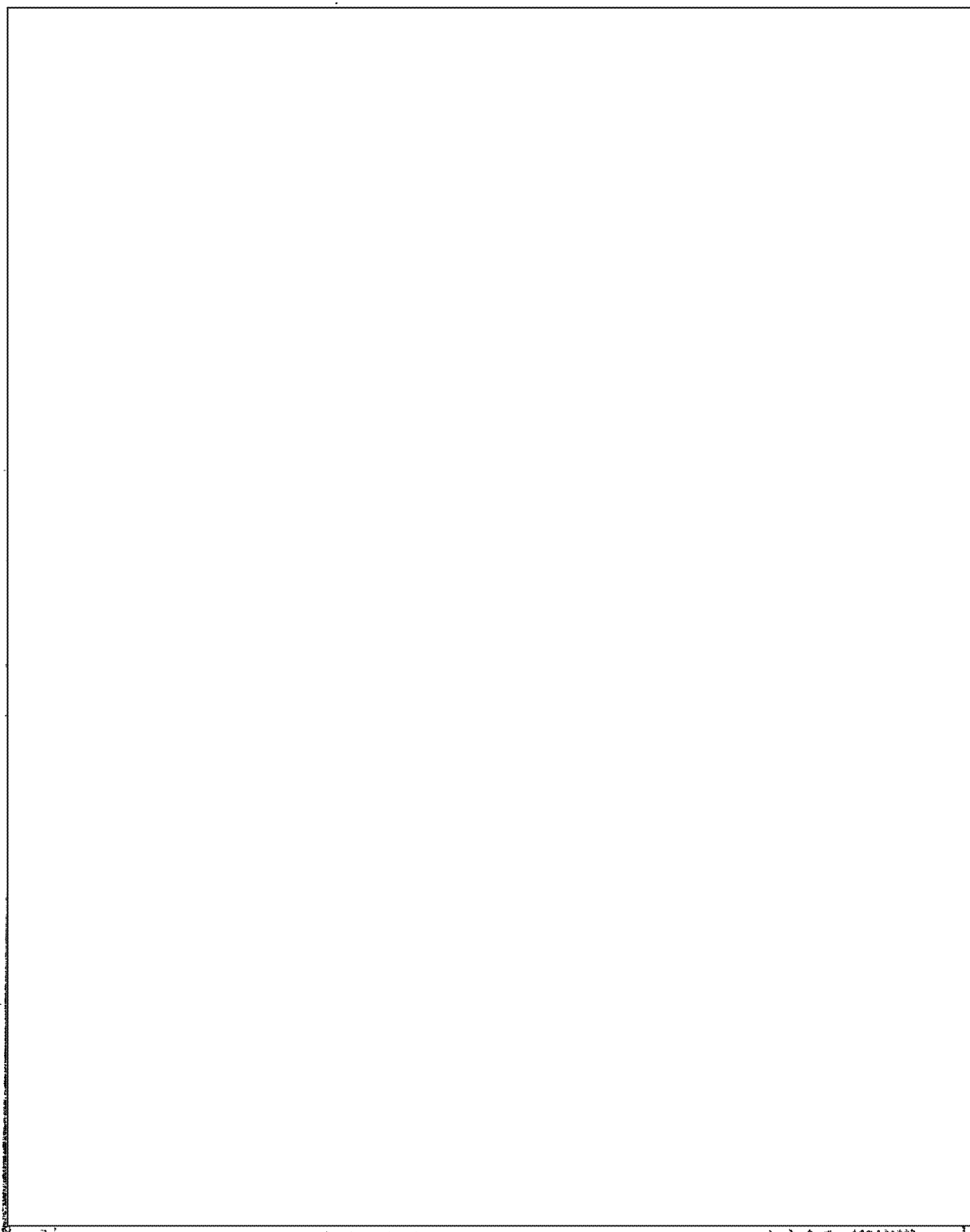
**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

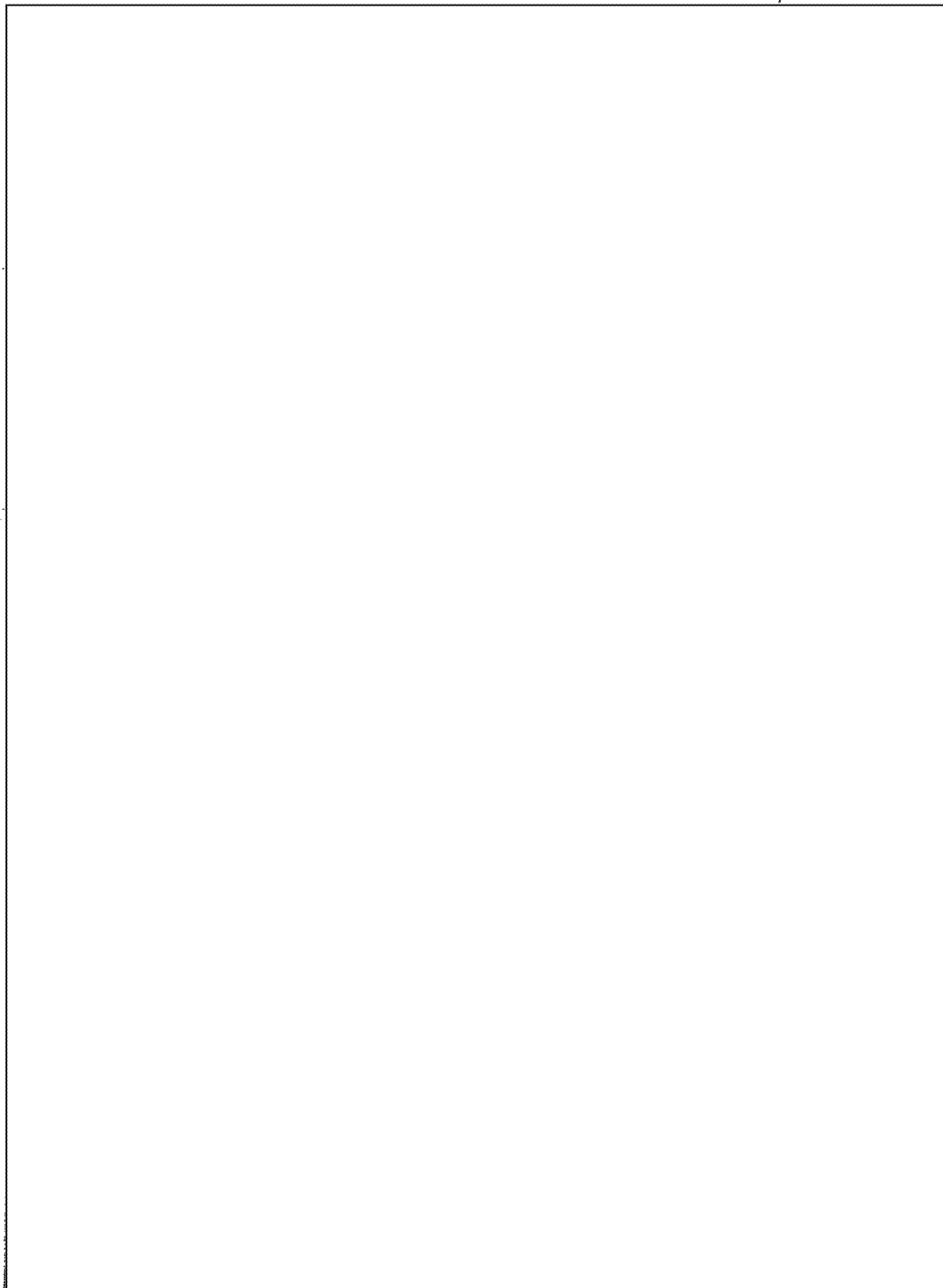
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE:--If the oath is taken before a Notary Public, the date of expiration of his commission should be shown



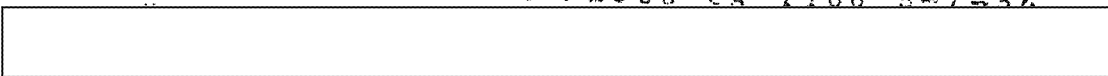
RECEIVED 10/10/88







SALARY ADJ EFF 7-28-56 PL928 CA 1166 8-7-56



STANDARD FORM 718  
BUREAU OF THE BUDGET  
FORM APPROVED BY THE COMP. GEN., U.S.  
JUNE 15, 1910  
U.S. CIVIL SERVICE COMMISSION  
P. P. H. CHAPTER 46

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**

**A. OATH OF OFFICE**

**PERSONNEL FILES**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

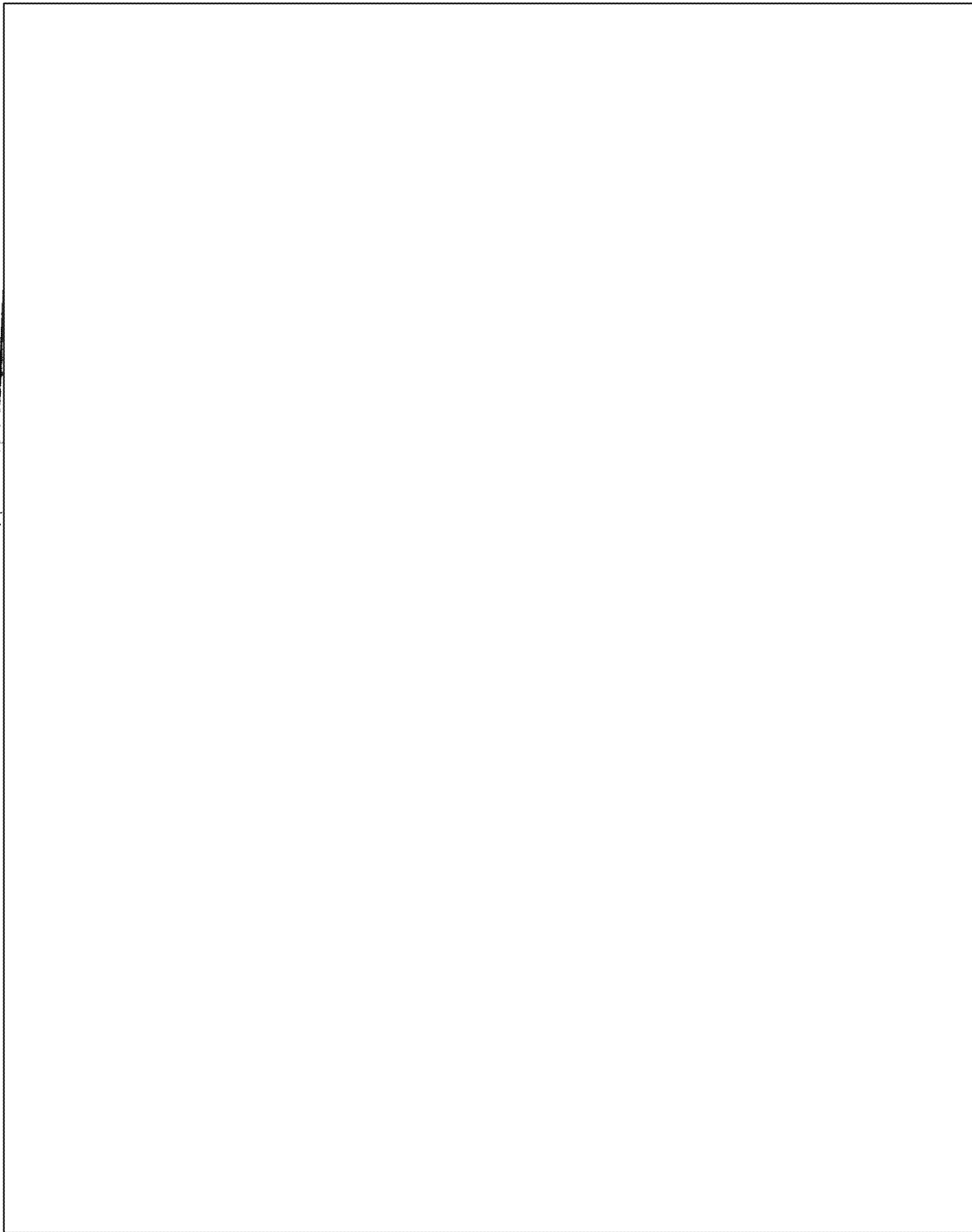
**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

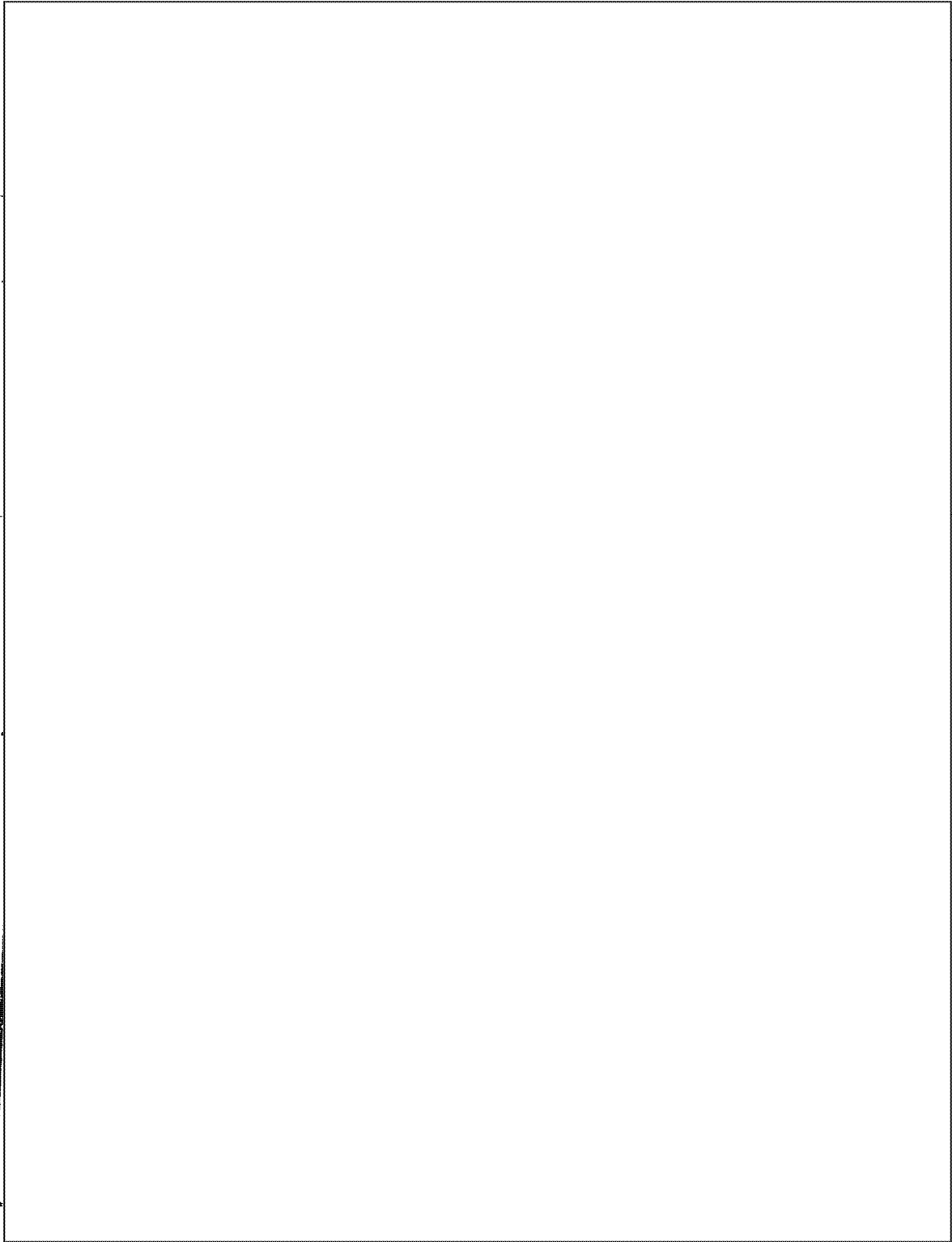
NOTE: If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



2.

PERSONNEL FOLDER

9870 100 00410



STANDARD FORM 518  
OFFICE OF THE CLERK  
POSTMASTER: RETURN TO THE COMPTROLLER, U.S.  
JUNE 15, 1955  
U.S. CIVIL SERVICE COMMISSION  
P. F. W. CHAPTER 46

## CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 31a and 31b)

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

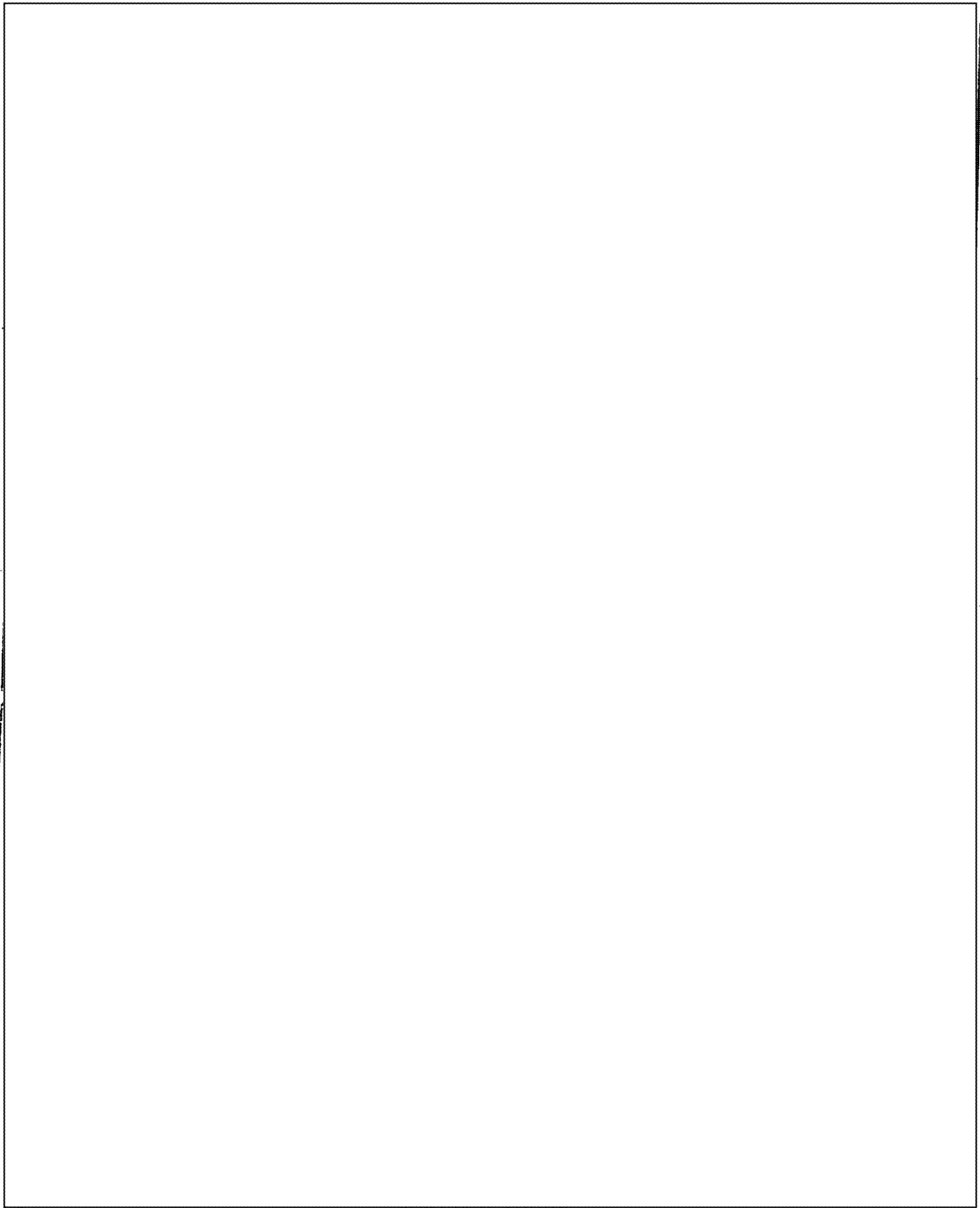
I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States; and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

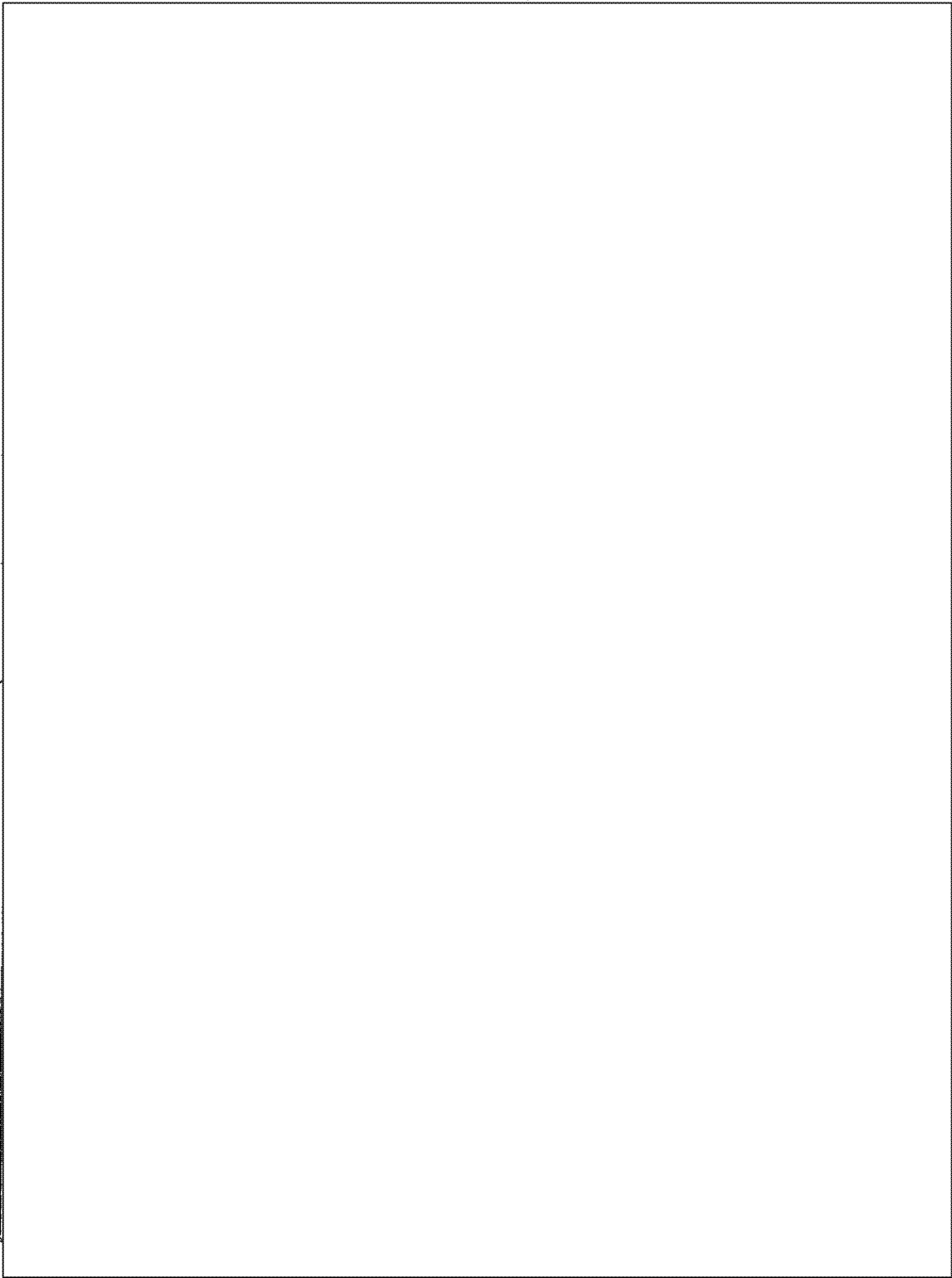
50-11527-1 U.S. GOVERNMENT PRINTING OFFICE



2.

PERSONNEL FOLDER

0212-442-048



2/12



STANDARD FORM 104  
REVISED SEPTEMBER 1954  
U. S. CIVIL SERVICE COMMISSION  
GPM CHAPTERS 11, 12, AND 13

**STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
AND DETERMINATION OF COMPETITIVE STATUS**

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel  
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT:

☒ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

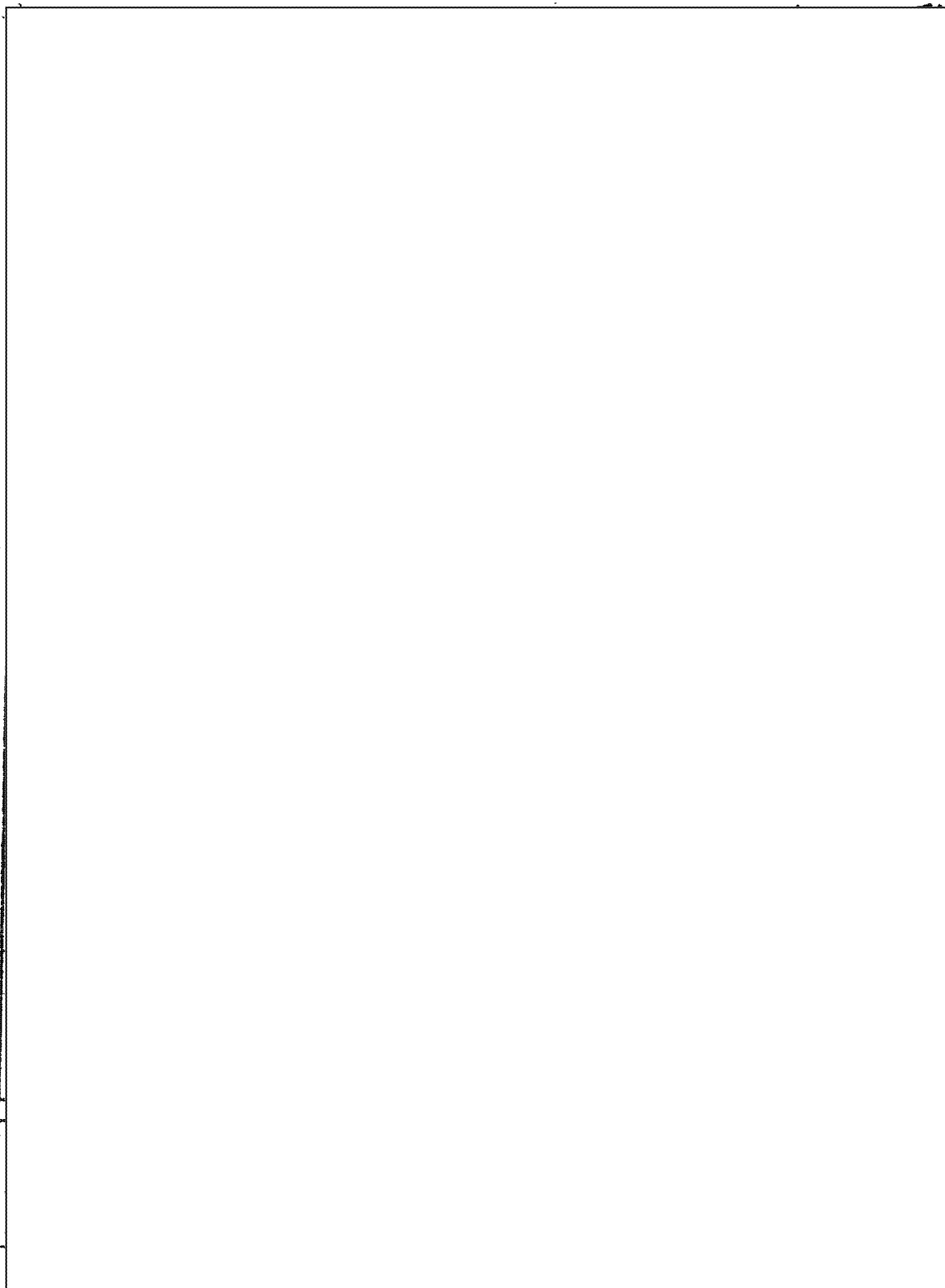
☐

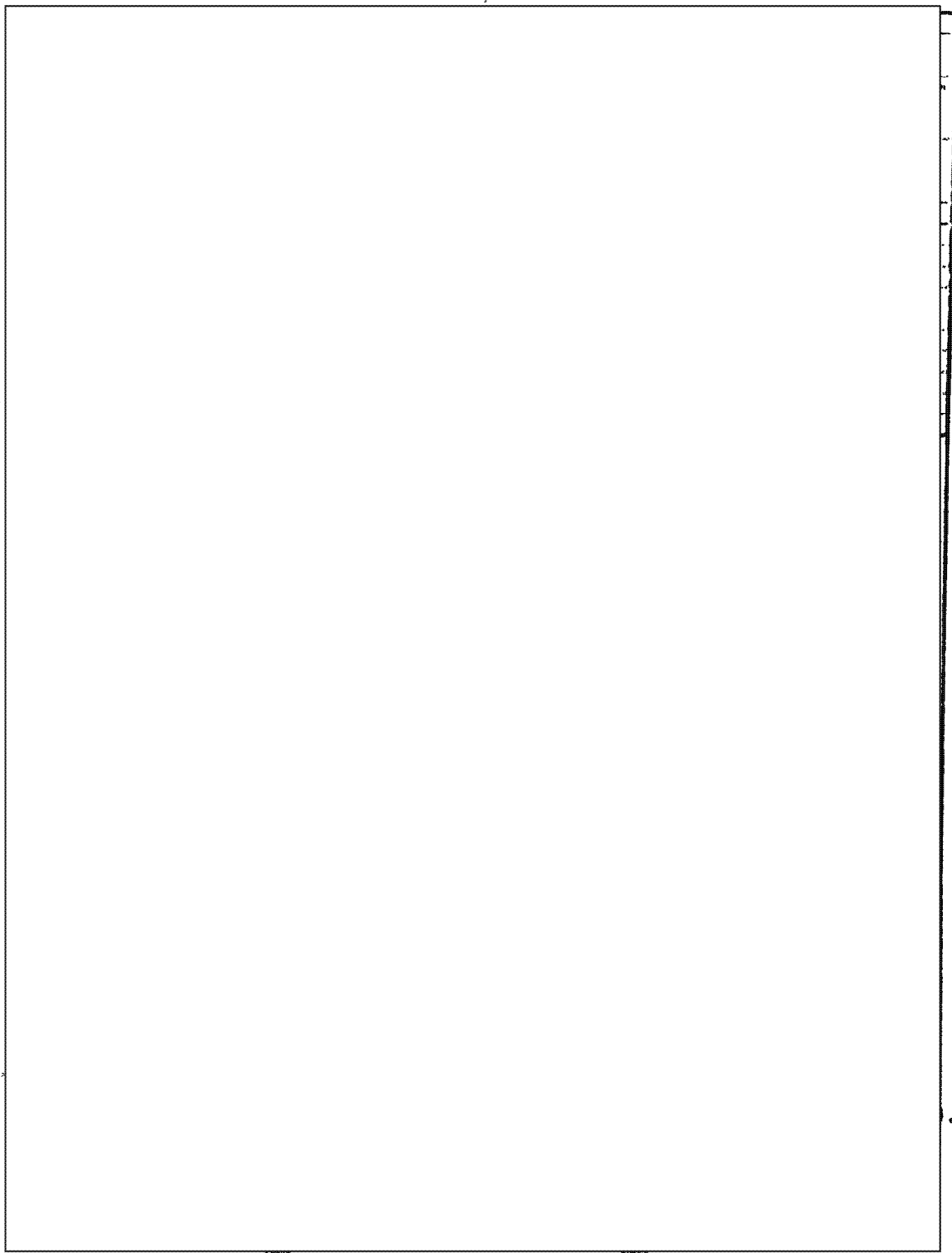
ATTACHMENTS

SCA:SY:WBds:Grace:abw

UNCLASSIFIED  
Authorized by William O. Ball  
Director General of the

This memorandum may be considered as CONFIDENTIAL USE ONLY - Open removal of attachments.





STANDARD FORM 57 - continuation  
#16  
5.

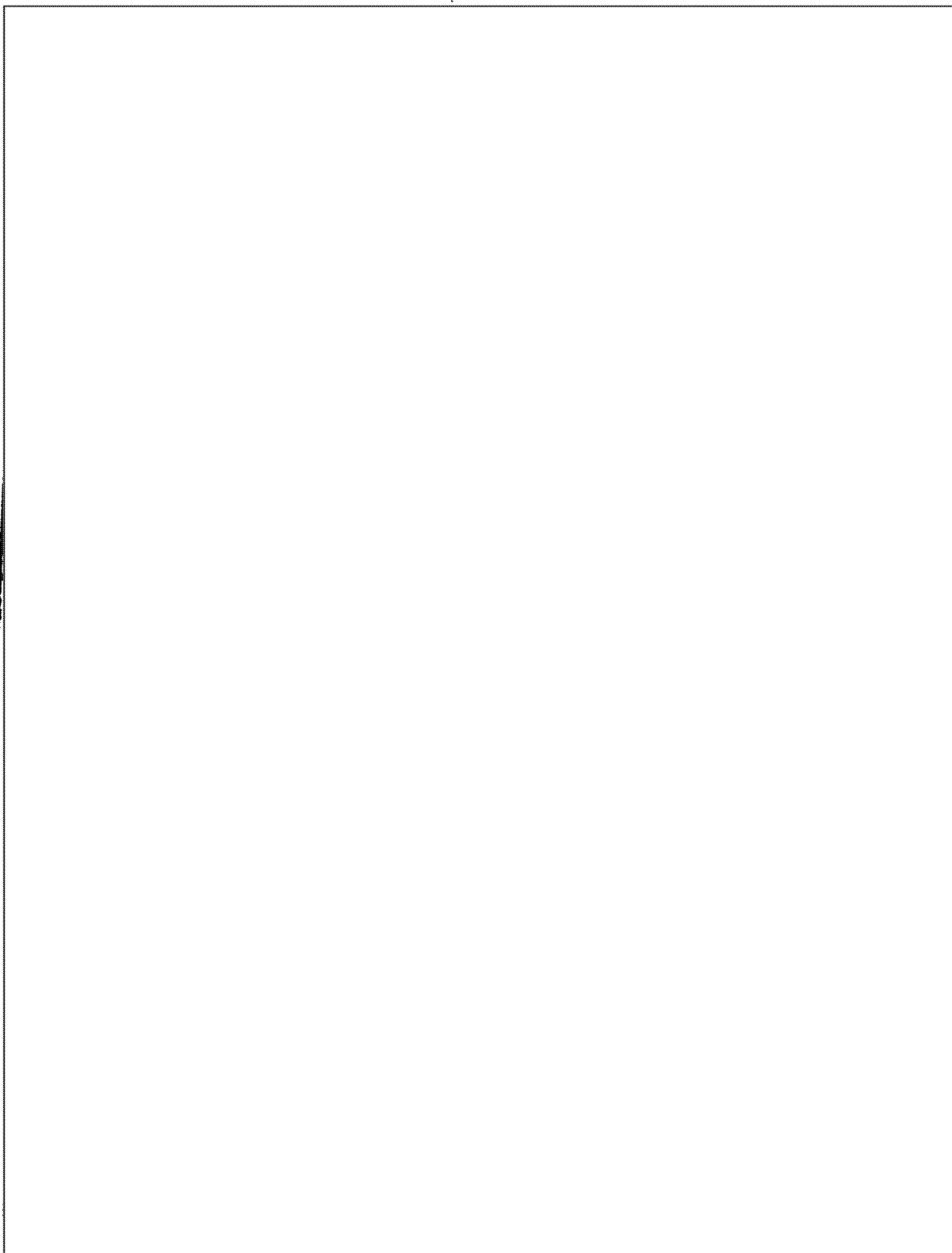
September 1943 - March 1945  
Pfc  
U. S. Army  
United States  
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

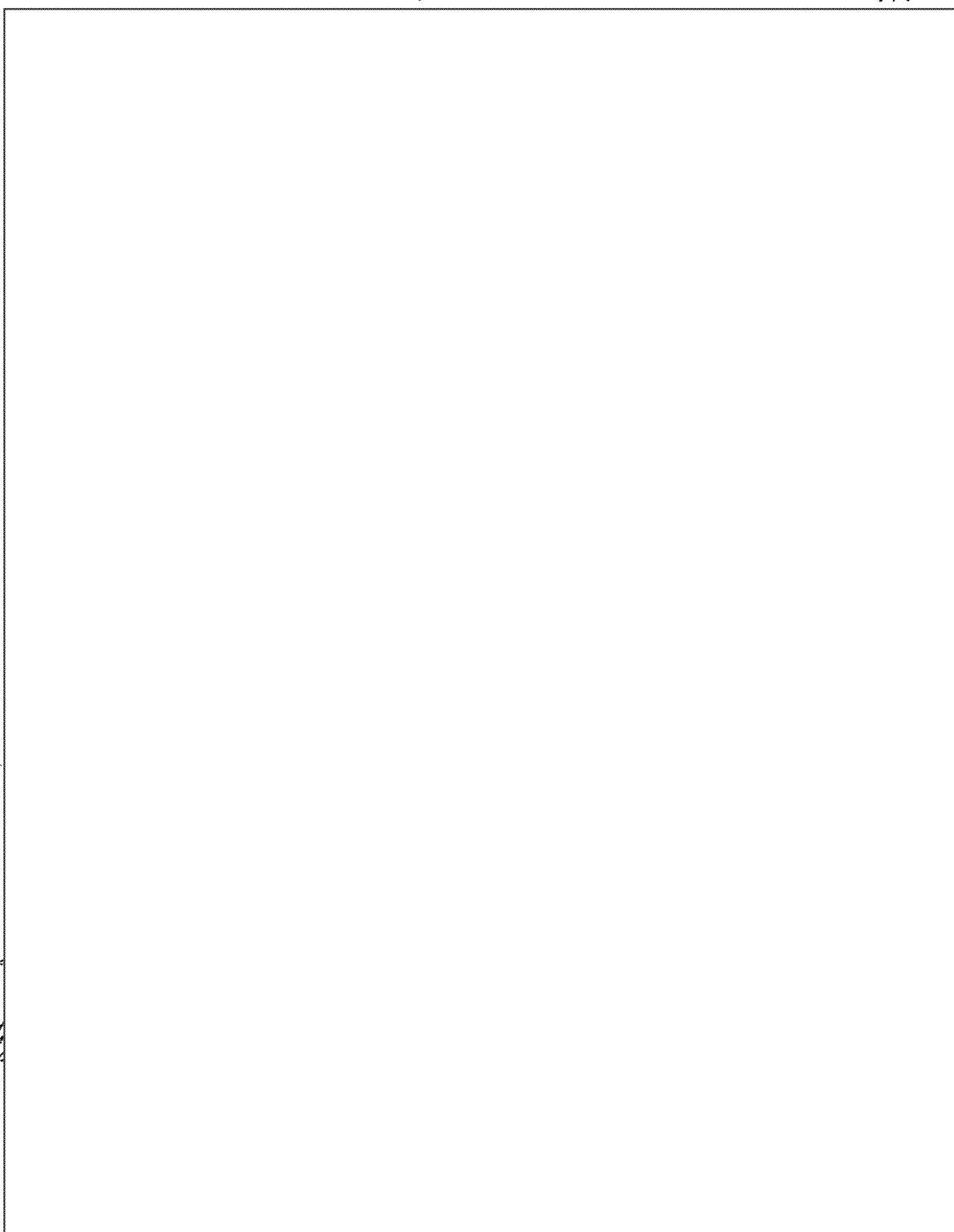
A large rectangular box with a black border, intended for supplemental sheets or forms. The box is empty and occupies most of the page area below the header.







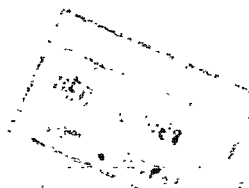
6774

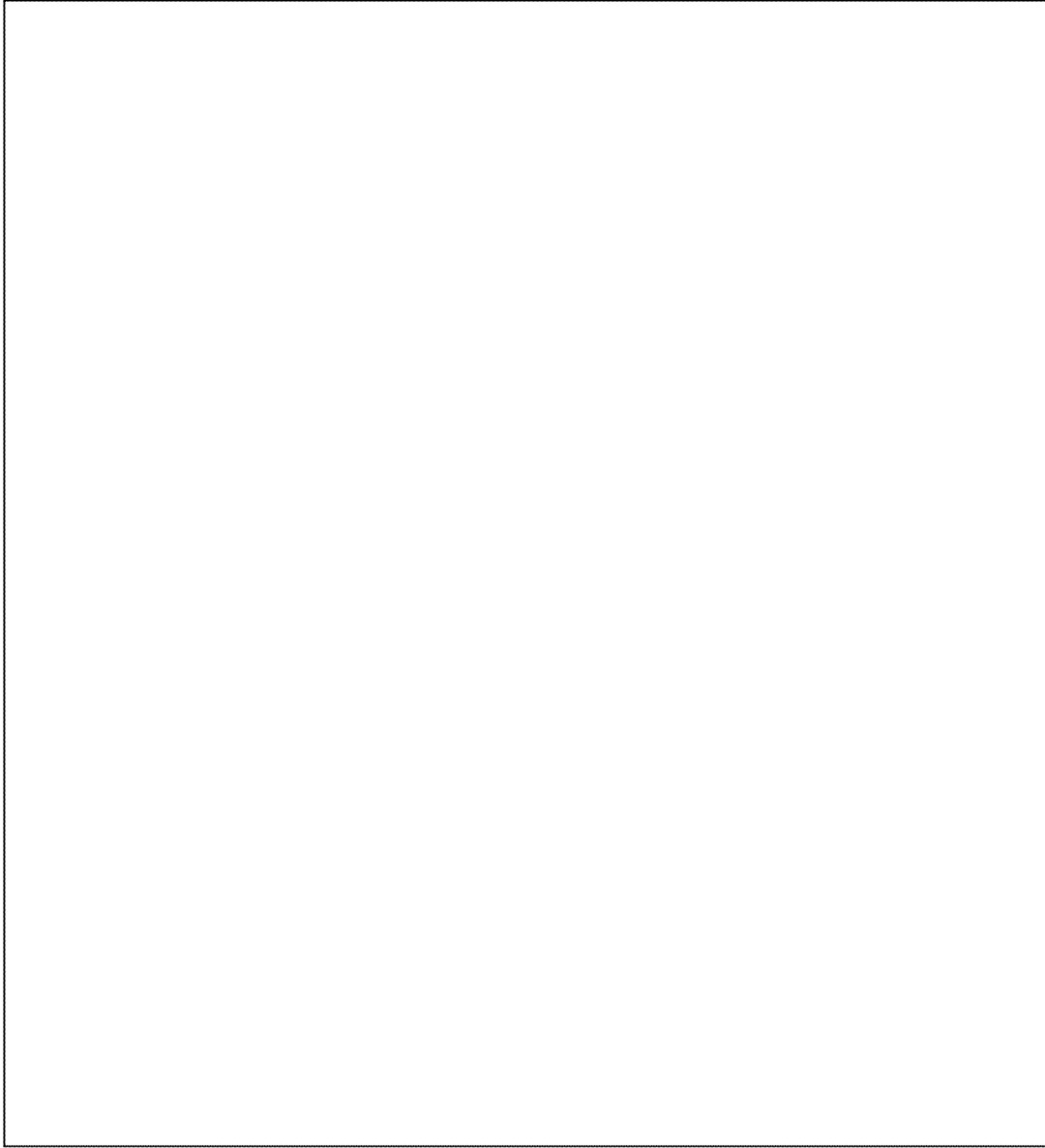


U S GOVERNMENT PRINTING OFFICE: 1967

*Handwritten mark*

All le ve transferred. 1150 forwarded. COB 7/30/54





NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel  
Attention: [REDACTED]

DATE: 6 July 1954

[REDACTED]

☐ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☒ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

[REDACTED]

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

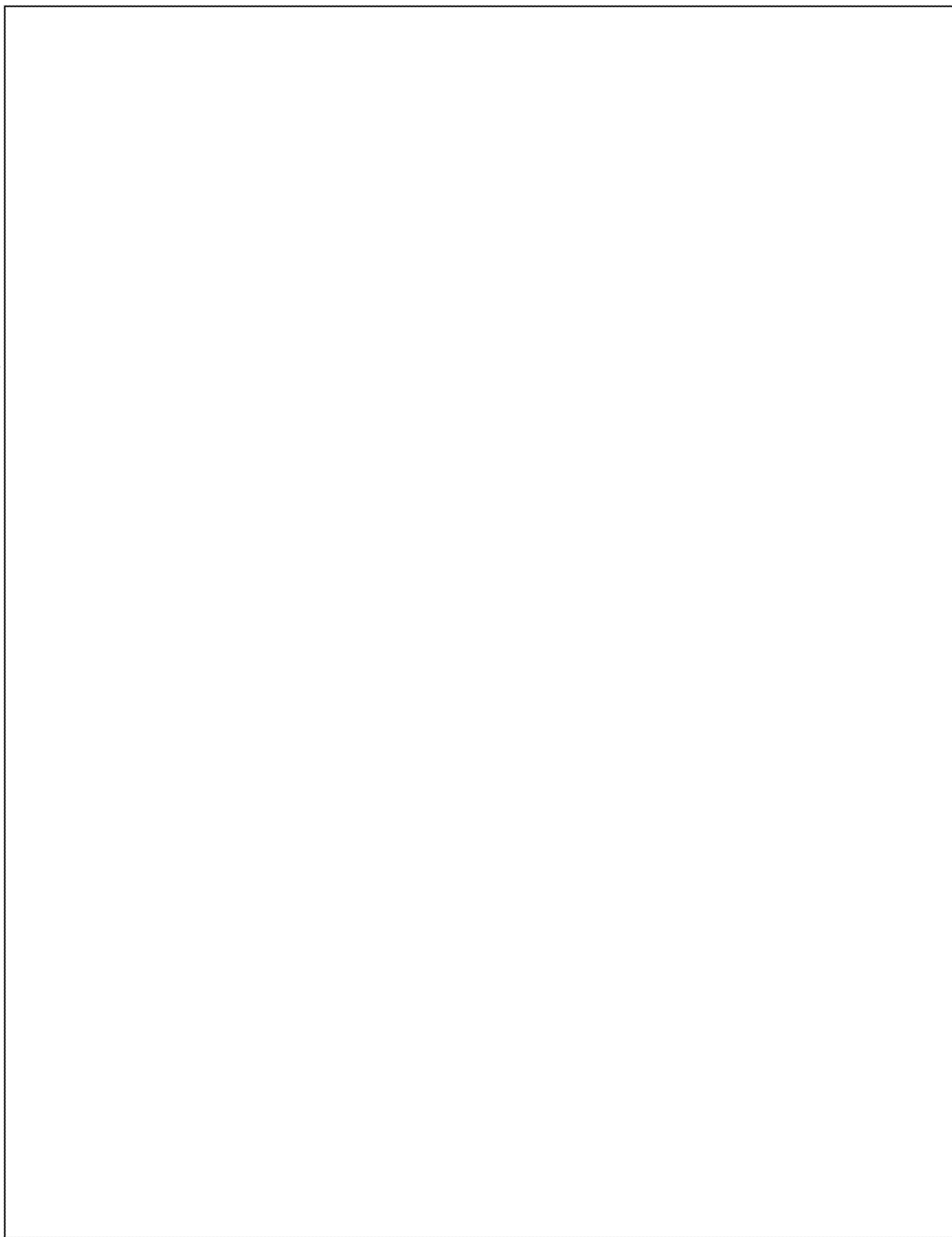
*William C. Brown*  
Director, Office of Security

ATTACHMENTS

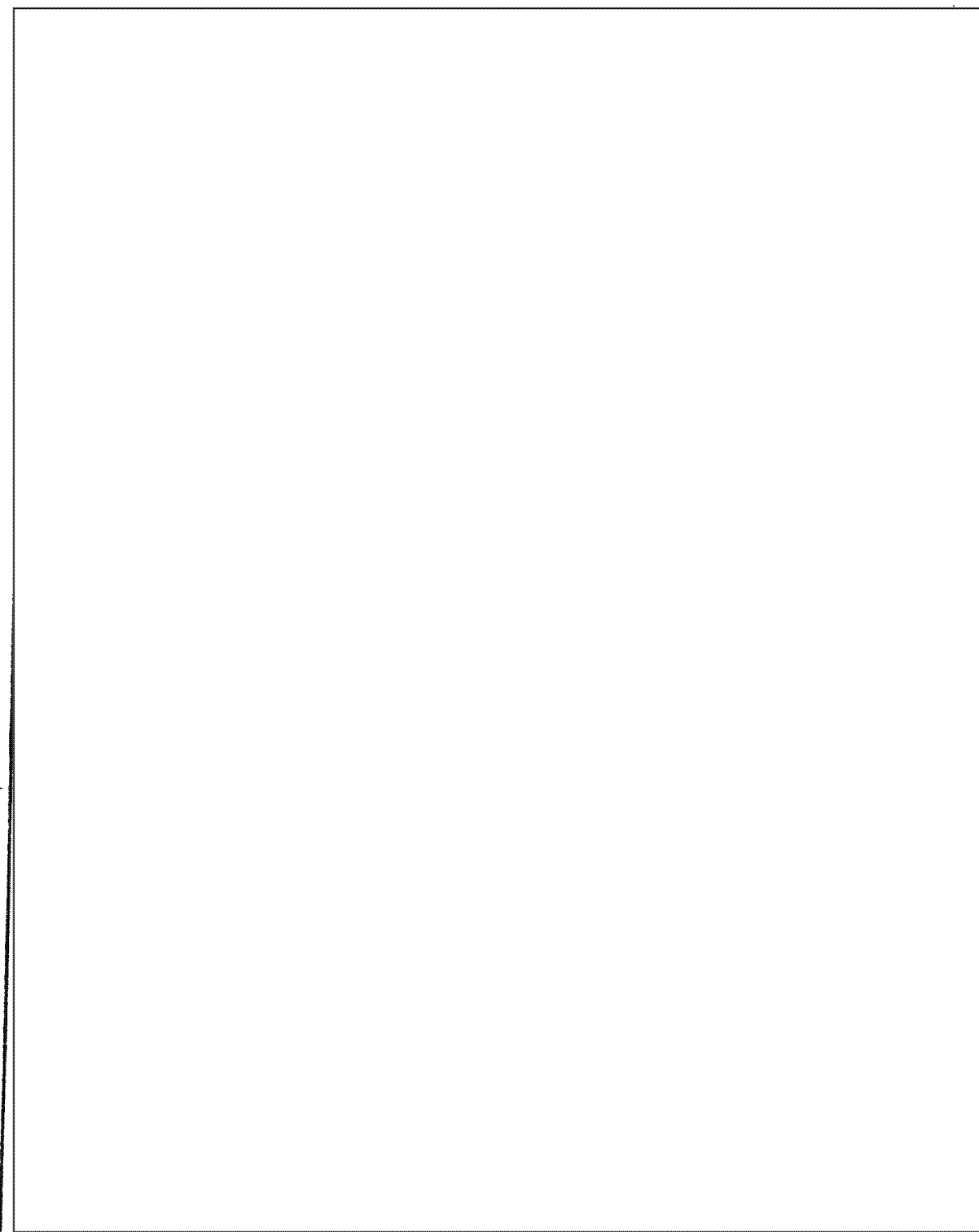
BY: W. L. FRANKLIN

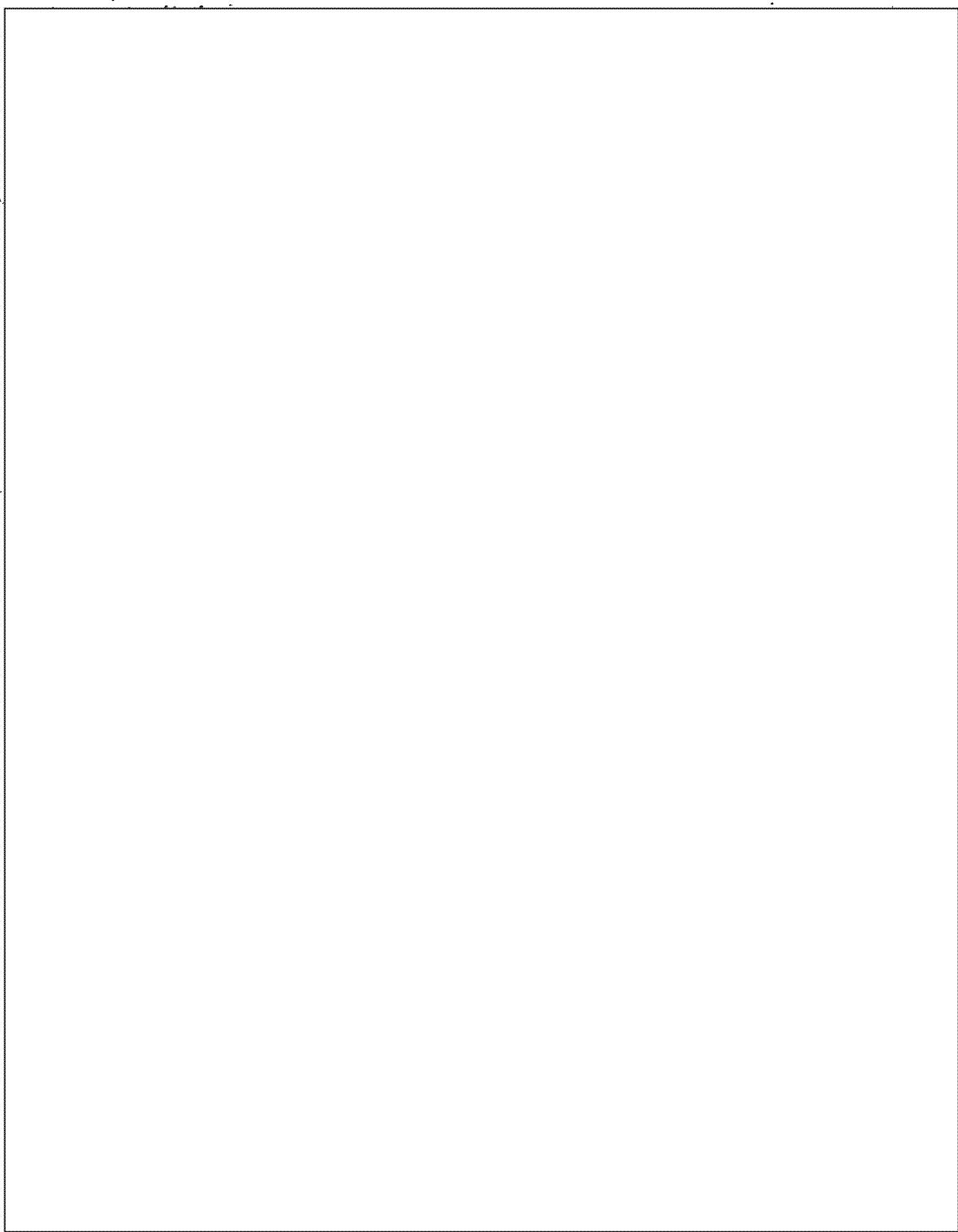
This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

(Signature) \_\_\_\_\_  
(Title) \_\_\_\_\_



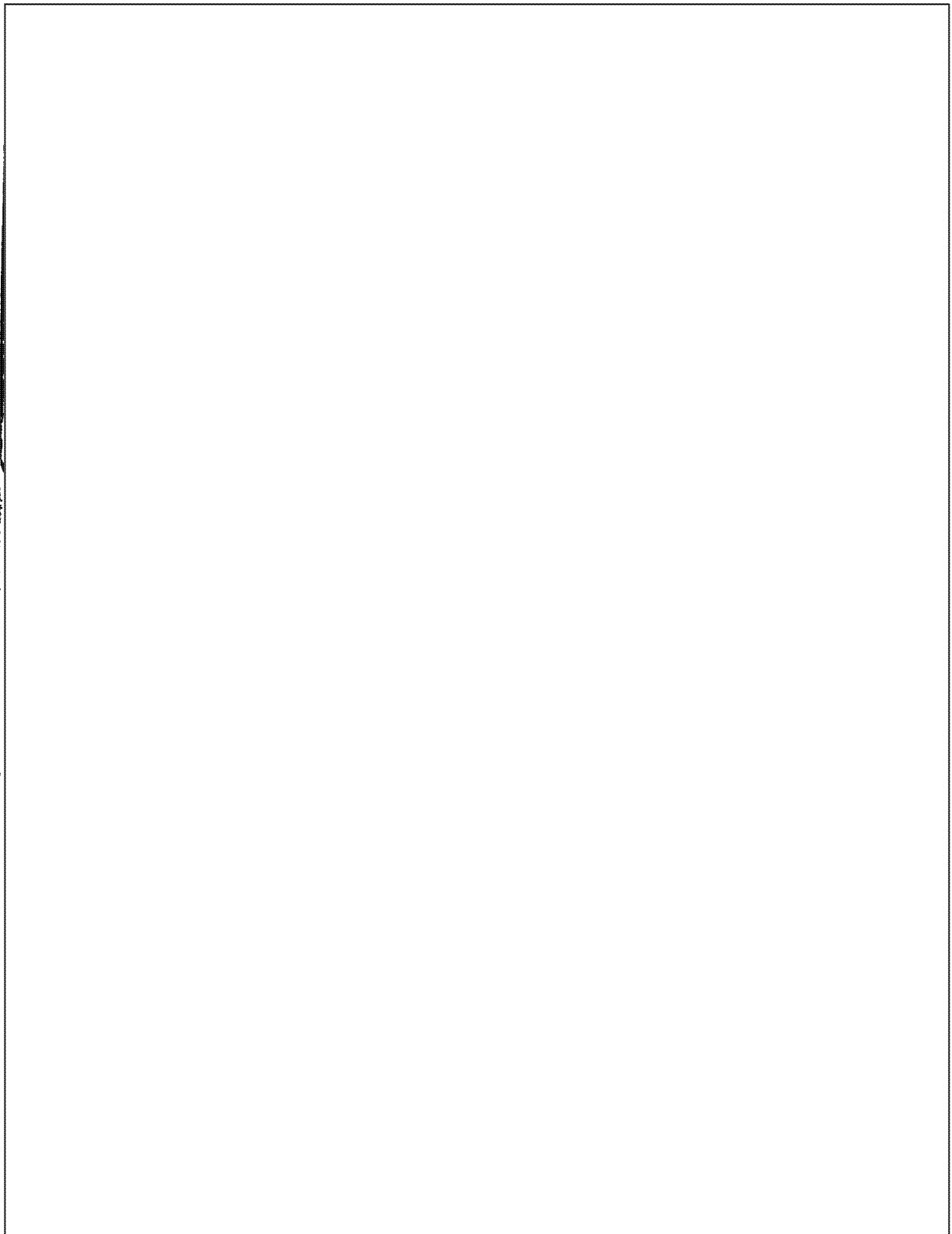
FOLDER





or





Q 120 1931 24:29

FOLDER

**CIVIL OFFICIAL**  
**APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

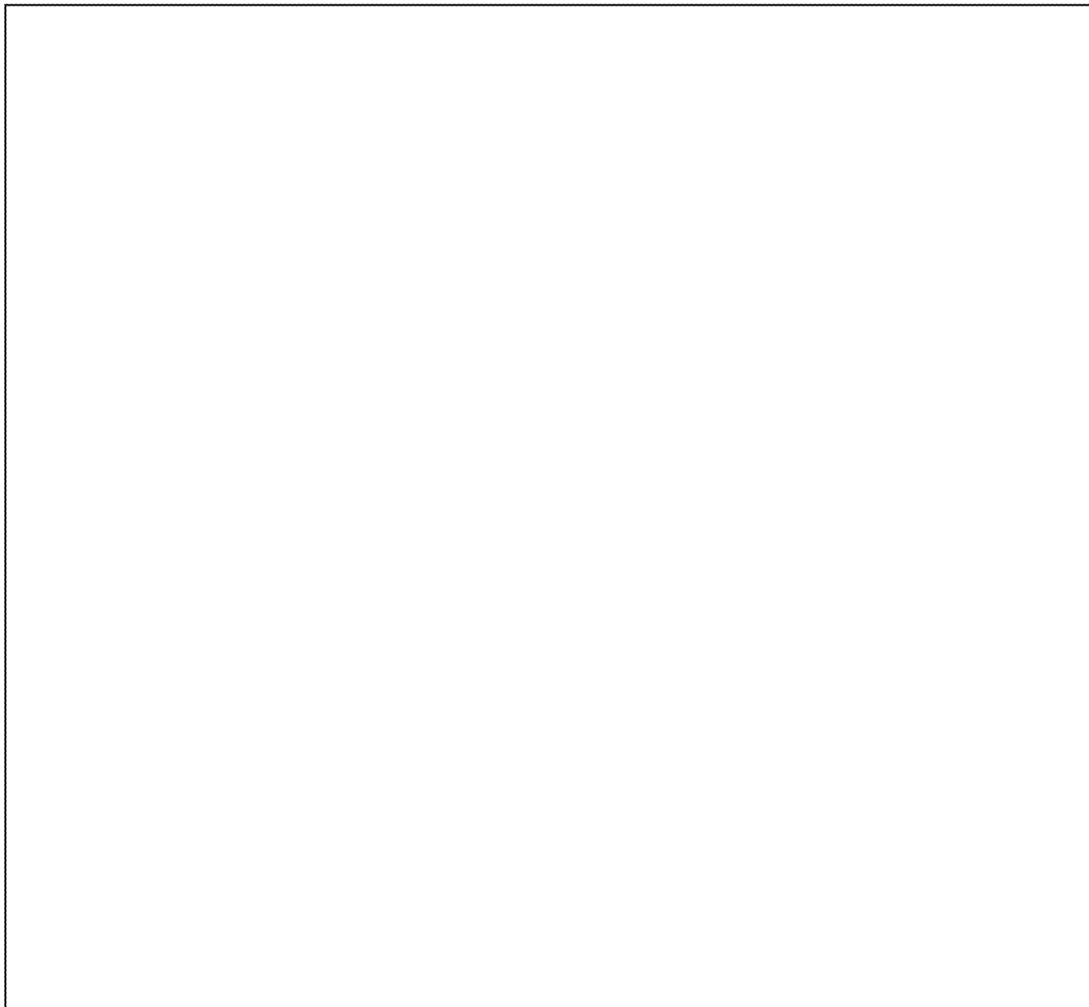
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

**NOTE:** If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



(over)

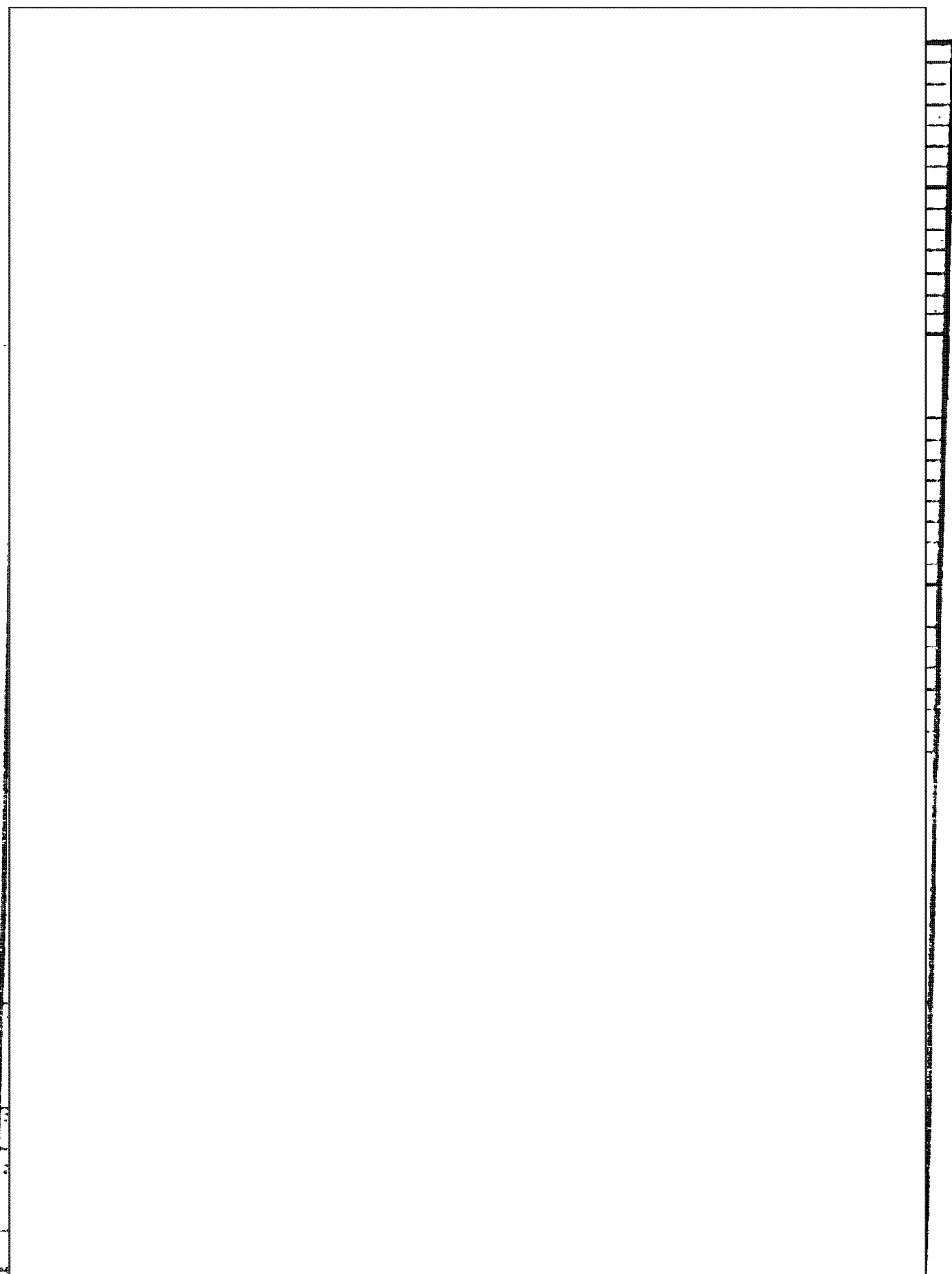
*Office Memorandum* • UNITED STATES GOVERNMENT

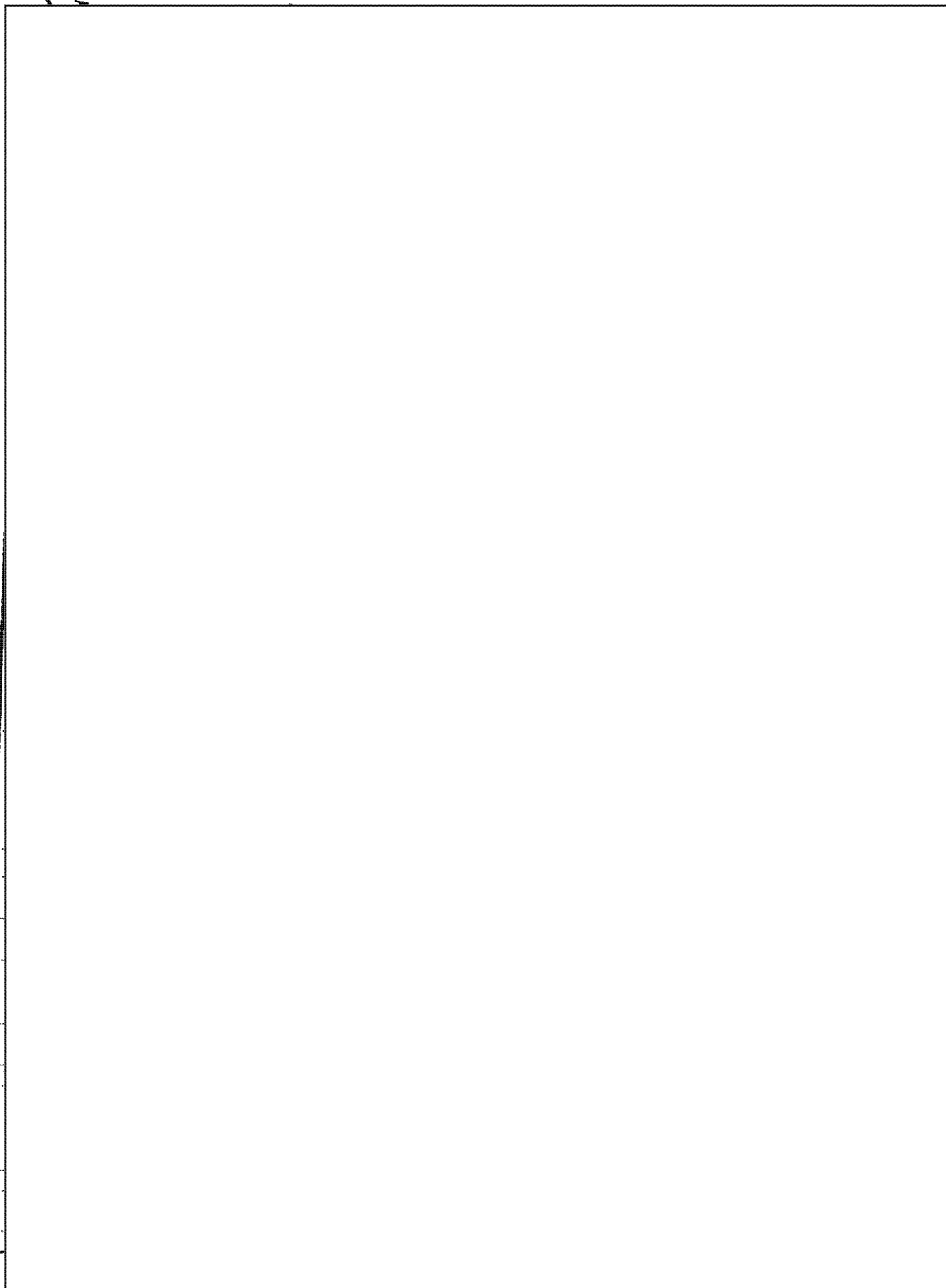


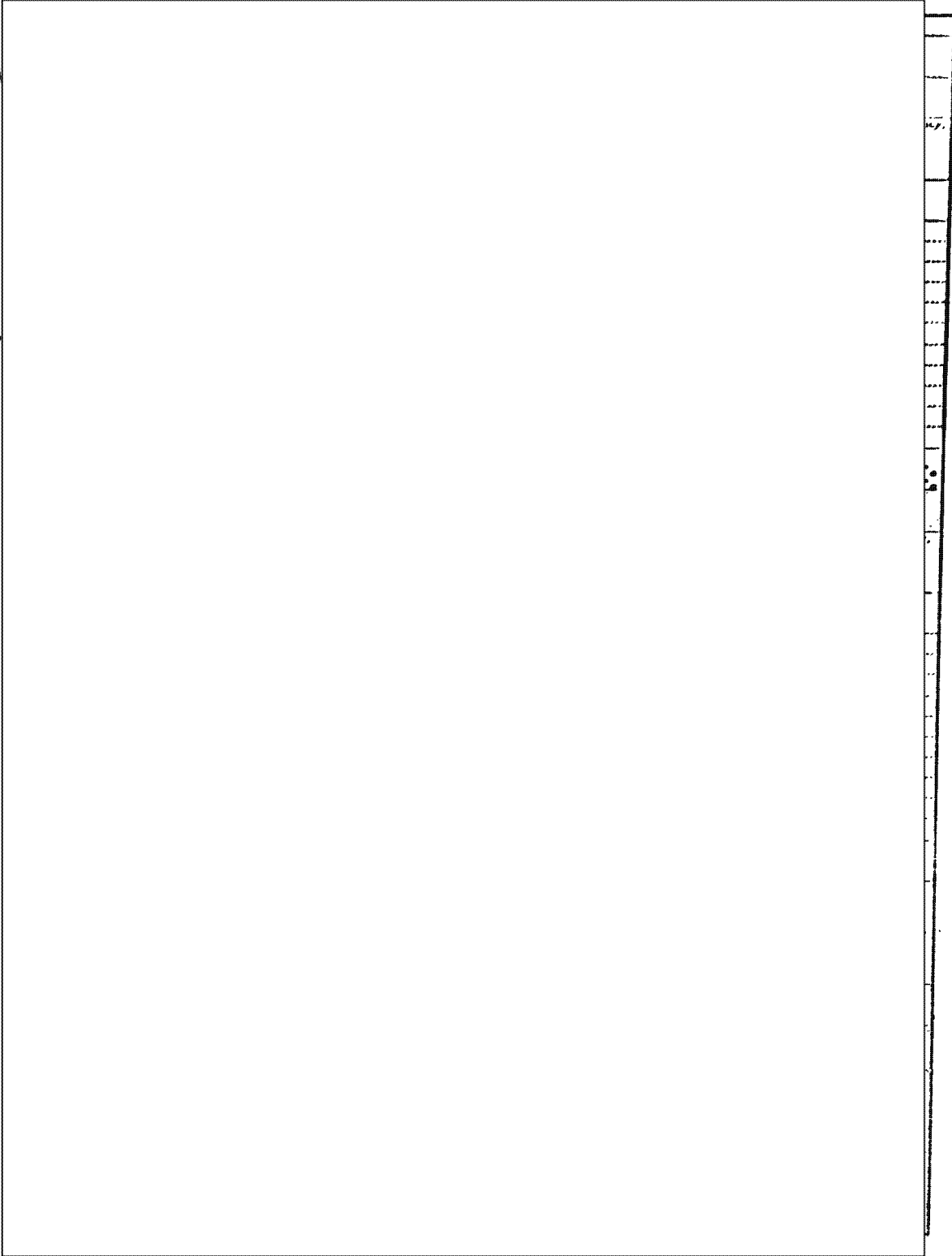
ATTACHMENTS:

CC:SY:HFLinneman;cfs

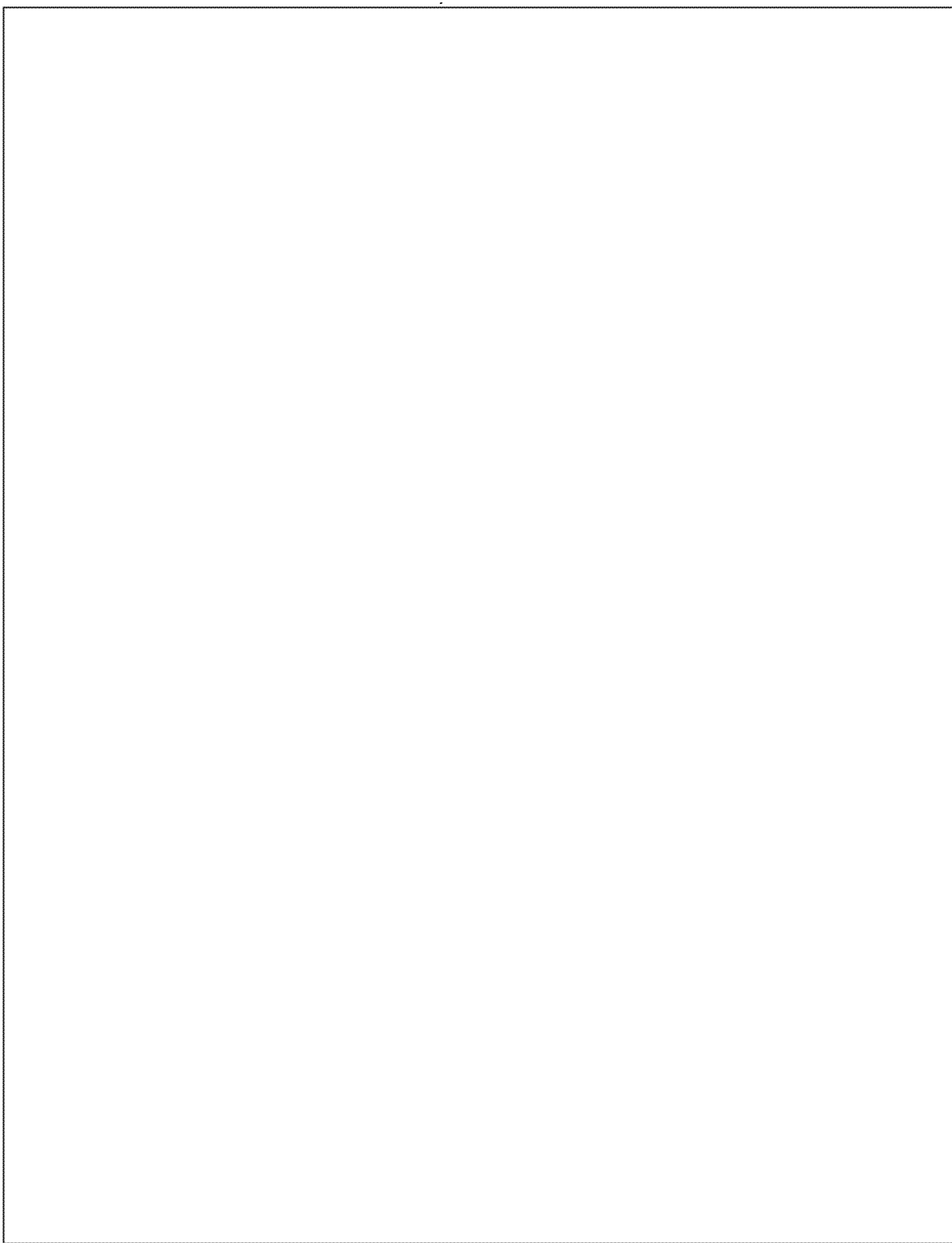
[illegible]

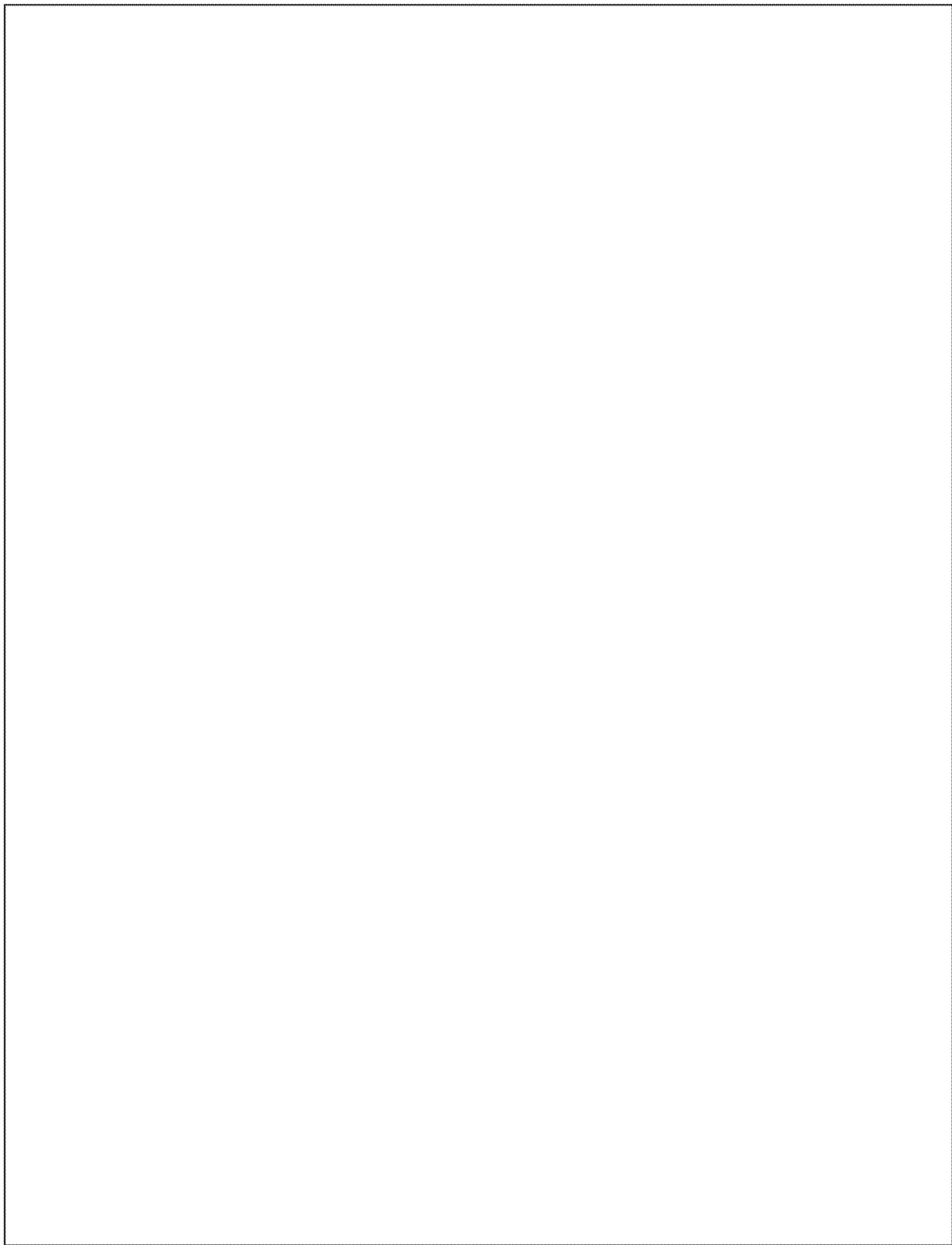


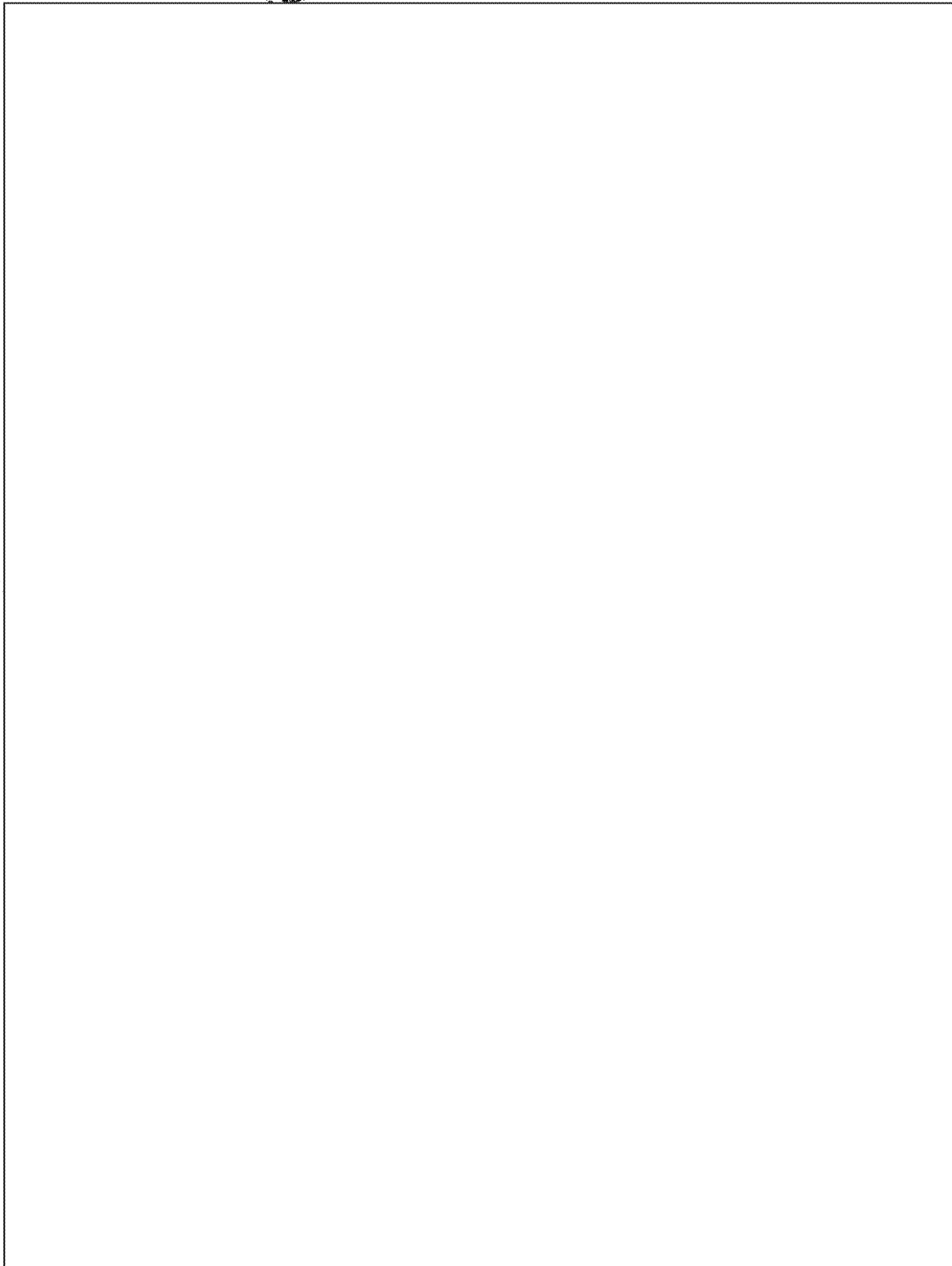












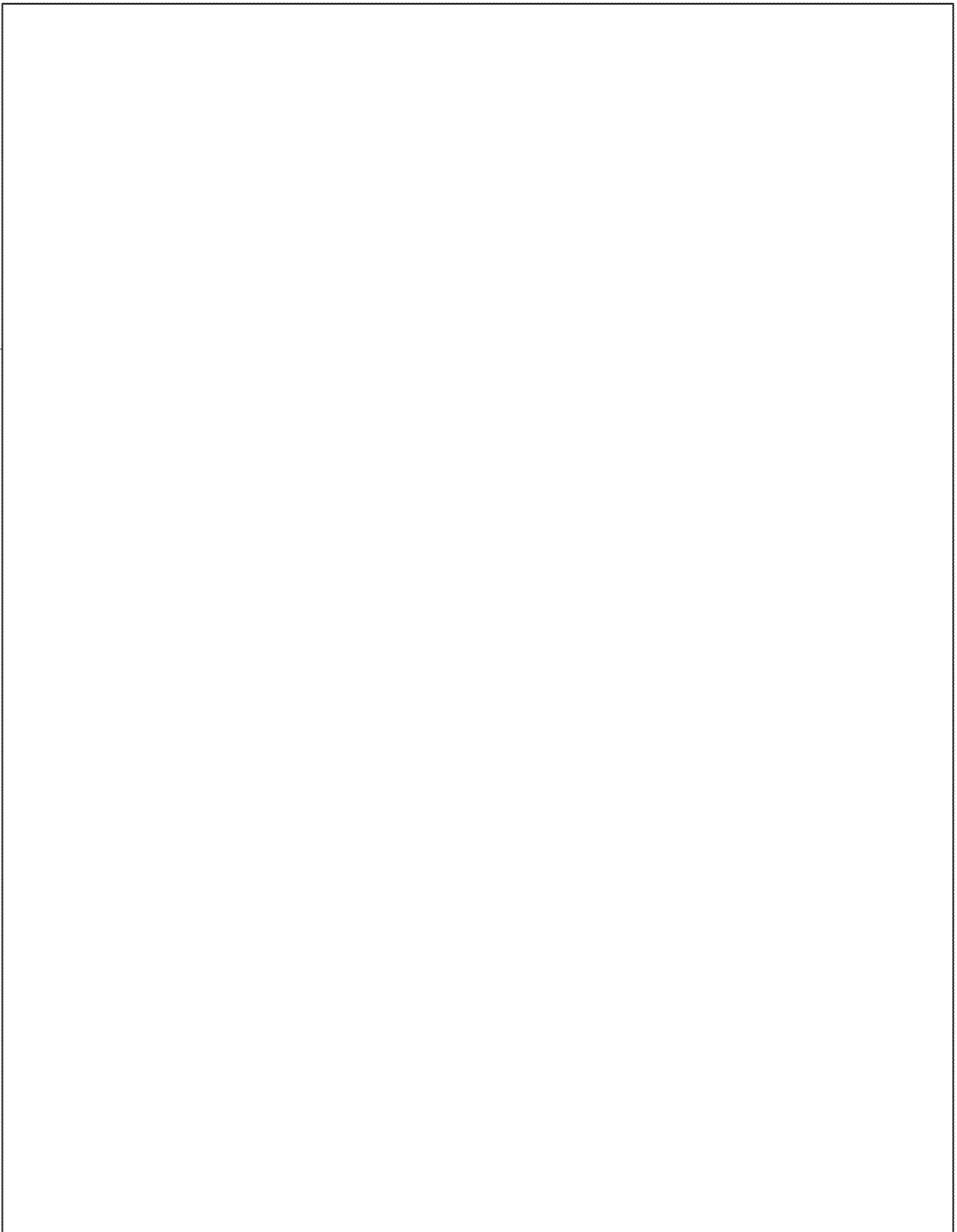


Figure 1. The effect of the concentration of the solution on the rate of the reaction.

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

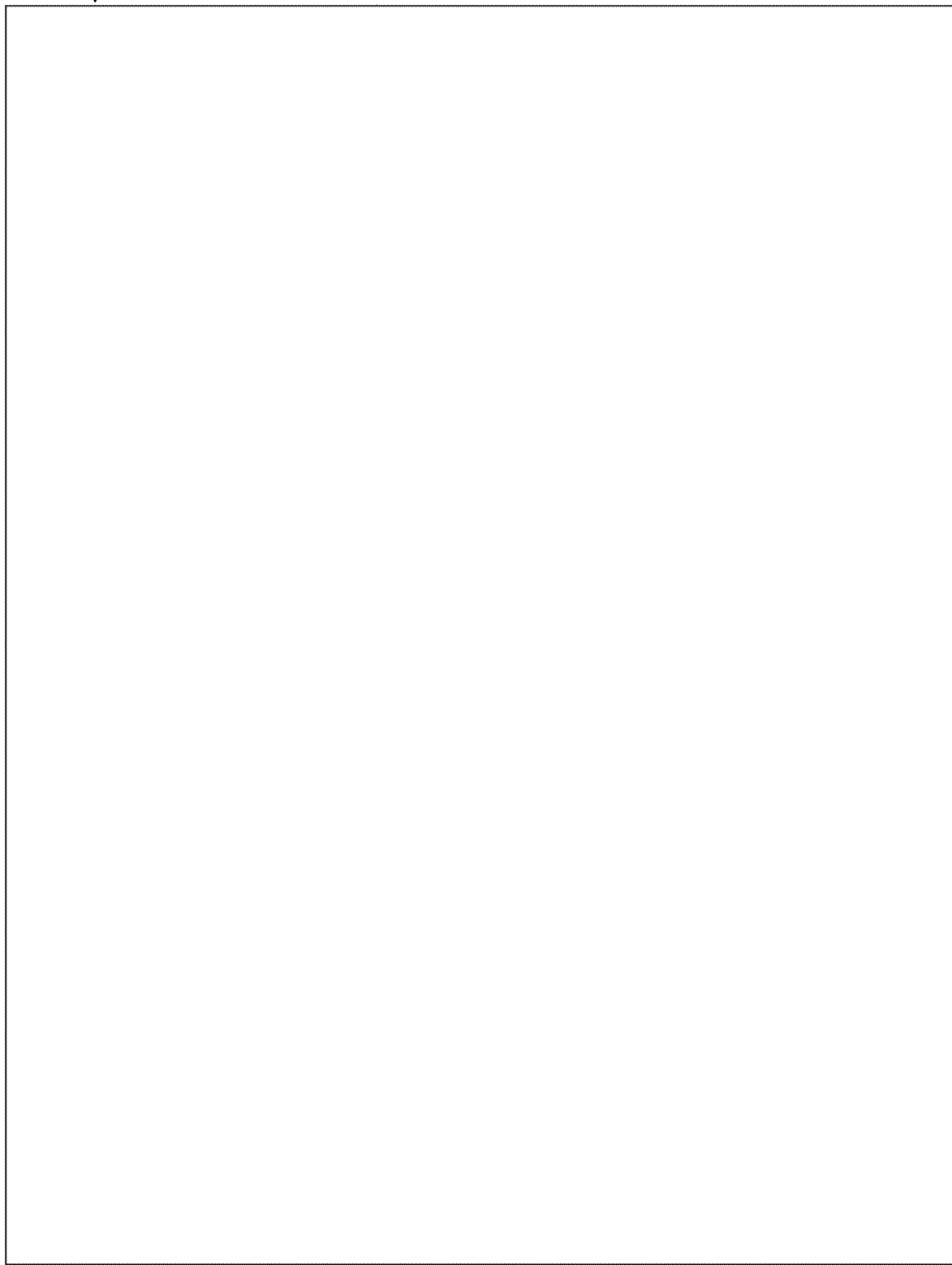
100

100

100

100

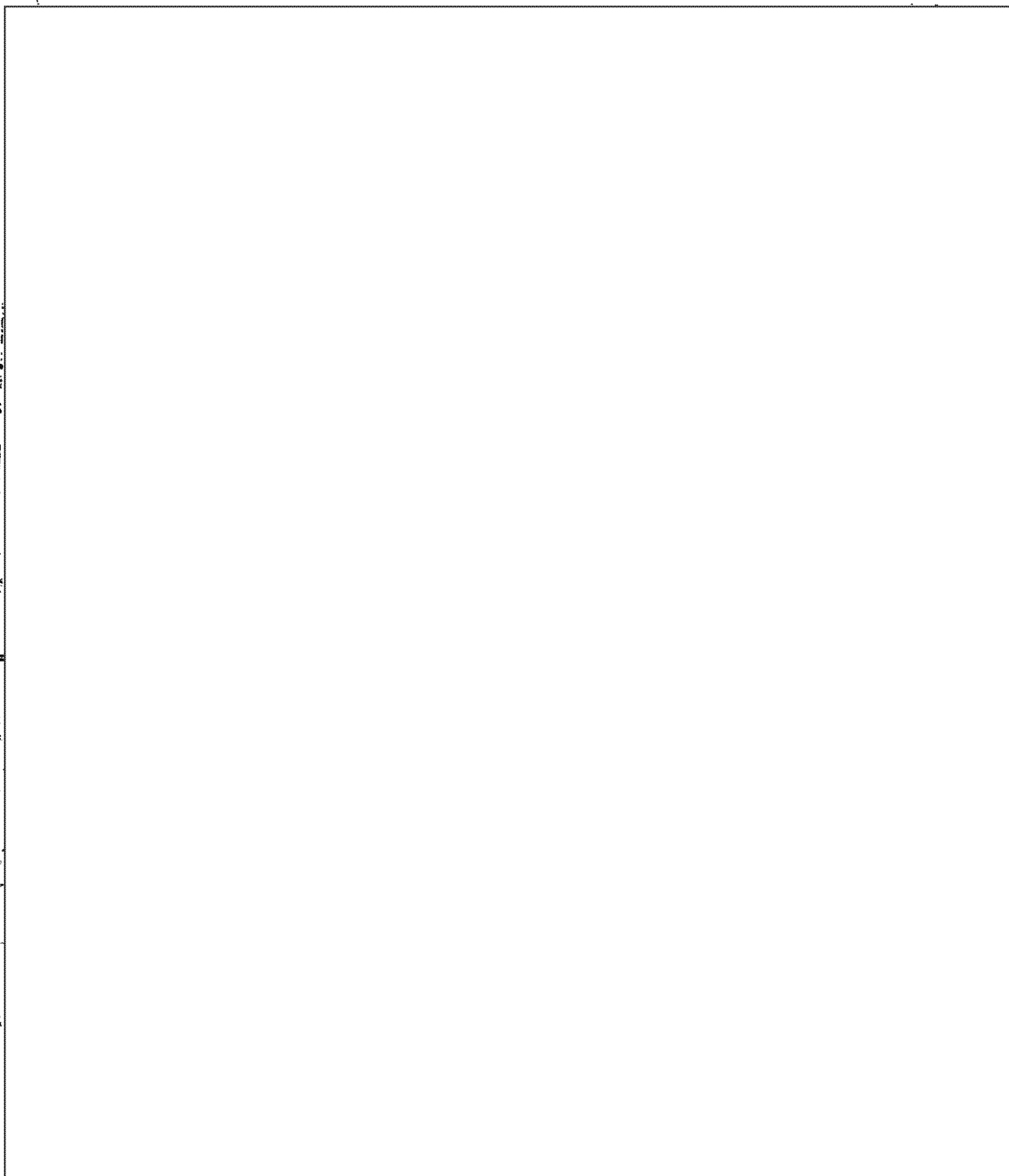
100





r

not







FIM/cb

